SUBMIT IN LICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES

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*See Instructions On Reverse Side

cc: Deorge Diwachak

CONDITIONS OF APPROVAL, IF ANY :

IV. APPENDIX

- Engineering transportation technical report, "Vortt Exploration Company Canyon Road # 50040."
- 2. Engineering road map
- 3. Vortt's Application for a Permit to Drill
- 4. Archaeological Report

V. LIST OF PREPARERS

The ID team consisted of the following Forest Service people:

John Niebergall
John Erickson
Wildlife Biologist (Ferron)
Bill Dye
Steve Robison
Brent Barney
Carter Reed
Jeff Gavin

District Ranger (Ferron)
Wildlife Biologist (Ferron)
Forester (Ferron)
Geologist, ID Team Leader (Ferron)
Engineer (S.O.)
Geologist (S.O.)
Geologist (S.O.)

Consultation from other than the ID team came from the following:

Robert Thompson, USFS, Threatened and Endangered (T & E) Plant specialist. Mr. Thompson gave clearance for the T & E plants.

<u>James Jensen</u>, USFS, Visual Resource Management Specialist. Mr. Jensen provided input concerning visual resource concerns and mitigations.

Ed Patterson, Vortt Exploration Co. Mr. Patterson described several of the physical aspects of the proposed drilling program.

<u>Diana Christensen</u>, Utah Archaeological Research Corp., archaeologist. Ms. Christensen conducted an archaeological inventory of the site and gave clearance for this well site.

IV. ENVIRONMENTAL CONSEQUENCES

A. Effects of Implementation

All issues and/or concerns can be effectively mitigated except that increased traffic will still present a safety hazzard, especially concerning the road below the Trail Mountain Coal Mine. About 2 acres of land will be disturbed by this project. However, the disturbed areas will be reclaimed.

B. Evaluation of Alternatives

No evaluation of alternatives is necessary because only one viable alternative was identified by the ID team.

F. Public Safety and Recreation

The Cottonwood Road receives relatively heavy use by livestock permittees, recreationists, hunters, and coal exploration drilling traffic. The road also receives heavy coal haul traffic below the Trail Mountain Mine. The road has several blind corners throughout and some very narrow sections adjacent to and just above the Trail Mountain Mine. Cottonwood Canyon receives dispersed recreation camping, especially during the big game hunting seasons although no developed or inventoried recreation sites are present in the immediate vicinity of the proposed drill sites.

G. <u>Transportation</u>

Cottonwood road, #50040, is presently used as a coal haul road, livestock driveway, coal exploration drilling traffic, and relatively heavy traffic. The lower part of the road (below Trail Mountain Mine) is not adequate for the existing use. Several areas of the road between the mine and the proposed drill site have a poor alignment, are narrow, and somewhat steep (see attached engineering report for a detailed description of the existing road).

H. Visual Resources

The visual quality objective for Cottonwood Canyon is partial retention. A drill rig on the site would be highly visable from the Cottonwood Road, but will meet the partial retention visual quality objective, because of the temporary nature of the disturbance. The reclaimed site would meet the visual quality objective.

III. AFFECTED ENVIRONMENT

A general description of the environment can be found in the Ferron-Price Land Management Plan, Unit A-6. There are no known listed or proposed, threatened or endangered plants or animals, wilderness or further planning areas, alluvial valley floors, prime or unique farmlands, rangelands or timberlands, or wetlands that will be disturbed by this project.

A. Soils and Watershed

Soils at the drill site are quite deep as the site is essentially in the canyon bottom. Soils are sandy, with minor amounts of clay. Rock fragments are common in the soil, with some large boulders present. The soils have only a moderate-low organic content.

B. Water

The water in Cottonwood Creek is used for culinary purposes and for irrigation in the towns of Castle Dale and Orangeville. Cottonwood Creek (below its confluence with Seely Creek) also supports an excellent fishery. The water in Cottonwood Creek adjacent to the drill site (when flowing) is very high quality water that is used by both livestock and wildlife.

C. Wildlife

The area of the drill site is used as early winter and spring range by deer and elk. Deer also use the area during the summer. Drilling in the summer should not greatly affect these animals. Serveral non-game species of birds, mammals and reptiles also inhabit the area.

D. <u>Vegetation and Range</u>

Vegetation at the proposed drill site is mostly sagebrush, grasses, and cactus with minor forbs and brouse. The area of the drill site also has aspen, fir, pinjon and juniper. A Forest Service threatened and endangered plant specialist reviewed the proposed drill site; it did not contain listed or proposed threatened or endangered plant species or their known habitat.

The proposed drill site is in the Trail Mountain C&H allotment. The fences and cattleguards in the area of the drill site are essential to proper range management.

E. Fire

The proposed drill site becomes dry during the summer and early fall months. The increased activity in the area caused by the drilling of this well will increase the chance of a man-caused fire.

SEED MIXTURE

Crested Wheatgrass	4 lbs.
Western/Intermediate Wheatgrass	3 lbs.
Pubescent Wheatgrass	3 lbs.
Small Burnett	1 lbs.
Yellow Sweet Clover	<u> 1 lbs.</u>

12 lbs./acre

- k. Adequate fire suppression tools must be kept at the site at all times.
- The drill pad shall be fenced with 4-strand barbed wire after it has been reseeded until the vegetation is established to prevent cattle from disturbing the site.
- m. Drill rig break down and travel on the Cottonwood road shall be coordinated with the livestock permittees to prevent problems with livestock removal from the Forest.
- n. Any damage to range improvements (fences, cattle-guards, etc.) shall be repaired immediately.
- o. Any special stipulations concerning roads and public safety included in the Engineering Report, shall be made a part of the permit as well as the above stipulations.
- p. It maybe necessary to line the pit to stop leakage of drilling fluids into Cottonwood Creek. An examination of the pit will be made by Forest Service personnel before drilling begins.
- q. A road use permit is required prior to moving any heavy equipment over Forest Service roads.
- r. The site will require fertilizing to help assure vegetative reestablishment.
- s. Site construction will be in accordance with "Guidlines for Oil and Gas Operations" unless specifically noted.

3. Alternate Drill Sites

The alternative for alternate drill sites did not meet evaluation criteriam #2 (the U.S. Geological Survey requires a 2-mile spacing of these two drill sites).

1. No Action

Assessment of the "NO Action" alternative is required by CEQ Guidelines (Federal Register, November 29, 1979). Under this alternative, permission to drill would not be given and drilling would not take place. This alternative does not meet alternative Formulation criteria #2 and #5.

2. Project as proposed with Mitigations

Several investigations of the Cottonwood Canyon area were conducted in an attempt to locate suitable drilling locations. The site selected is the most desirable site from a surface management standpoint. The following management requirements and constraints (mitigating measures) must be considered as part of the project as proposed:

- a. Top soil will be removed and stockpiled at the beginning of site preparation.
- b. All garbage will be hauled from the Forest and disposed of properly.
- c. The site will be returned to the approximate original contour.
- d. No camp sites will be permitted in Cottonwood Canyon
- e. Self-contained sanitation facilities shall be present at all times when crews are working at the site.
- f. An eyebrow ditch will be constructed above all cut slopes to divert overland flow around the site.
- g. Contaminated soils and gravel will be placed in the reserve pit and buried at the conclusion of drilling or hauled off National Forest lands and disposed of properly.
- h. The permittees shall make their own arrangements for water. The Forest Service cannot approve a water source. Any surface disturbing water developments need Forest Service approval. The Forest Service must be notified of all water developments.
- i. At the conclusion of drilling, the reserve pit will be fenced until dry to prevent livestock and wildlife from drinking the contaminated water.
- j. At the conclusion of drilling, topsoil will be redistributed after site reclamation and seeded with the following seed mix:

II. ALTERNATIVES

A. Proposed Action

Vortt Exploration Co. has proposed to drill two exploration oil and/or gas wells in Cottonwood Canyon (see map and operating plan). The Forest Service ID team onsite was held June 11, 1981. Pre-onsite investigations of the area were held by Forest Service Personnel (Bill Boley, Carter Reed, and Steve Robison) and Vortt representatives trying to select the most suitable sites. The lower site proposed by Vortt is the site most preferred by the Forest Service.

The south site lies in planning unit A-6 of the Ferron-Price Land Management Plan. Oil and gas leasing and exploration may be done in this planning unit.

Access to the drill sites is via Cottonwood Road, #50040. The south site would need to cross Cottonwood Creek (a culvert installation will be necessary) and would have approximately 300 yards of new access construction to get to the site. Grades for the road would be 8-9%. Some road widening (near the Trail Mountain Coal Mine) and corner removing would be necessary for safe travel of the expected use (see engineering report). A total of 2-3 acres would be disturbed by drilling the south site and the associated access road work.

B. Alternative Formulation Criteria

The following Alternative Formulation Criteria were developed by the ID team in connection with this project:

- 1. Any alternative must be consistant with management decisions in the Ferron-Price Land Management Plan.
- 2. Any alternative must be consistant with all applicable local, state, and Federal laws and regulations.
- Any alternative must provide safe vehicular use of Cottonwood Raod.
- 4. No drill sites will be permitted on slopes in excess of 25%.
- 5. Any alternative shall provide reasonable access to the leases.

C. Alternative Evaluation Criteria

Only one alternative meets the Formulation Criteria; therefore, no Evaluation Criteria are needed.

D. Alternatives Considered

Three alternatives were considered in connection with this project; the No Action alternative, the project as proposed with mitigations, and alternate drill sites.

6. Public Safety and Recreation

Low sight distance is present where the access road to the south site leaves the Cottonwood Road. Very narrow and constricted road conditions are present in the Cottonwood Road near the Trail Mountain Coal Mine Site. Recreational traffic, especially during the big game hunting seasons, can be quite heavy.

7. Transportation

Cottonwood road, #50040, is presently inadequate for the existing use plus the proposed use. Several blind corners and narrow stretches are present, creating safety hazards. Roads could be damaged during wet conditions, and a loss of fines from the road surface could occur in dry periods (see the engineering report in the appendix for details). Road upgrading may be necessary if either of the wells is a producer.

8. Visual Resources

The south site would be highly visable from the Cottonwood Road and would not meet visual quality objectives if left unrehabed.

Impacts to the following resources were all considered by the ID Team to be insignificant: timber, socio-economics, and air quality.

I. NEED FOR ACTION

Vortt Exploration Co., Inc. of Fort Worth, Texas has submitted an application stake (1-14-81) and an application for a permit to for a permit to drill two exploratory oil and gas wells in Cottonwood Canyon, Emery County, Utah (submitted 6-5-81, resubmitted 6-15-81). Only the southern location will be covered in the Environmental Assessment (EA) because the north site is on Utah State administered land. However, concerns for surface resources off the State land that may be affected by the drilling of this well will be addressed in the EA. The ID Team onsite was held 6-11-81; the joint onsite with Vortt and the US Geological Survey was held 7-6-81. Vortt has obtained a unit agreement covering the area of these drill sites; these wells will be the test holes for this unit agreement. The north drill site is located in the SW4, NW4, Sec. T17S, R6E, and the south site is in the SW4, NE¼, Sec. 16, T17S, R6E (see attached map). These proposed drill sites are for Wildcat Wells; any production facilities or structures would be covered in a separate Environmental Assessment(s). The existing road may not be adequate if the wells are producers.

A. Issues, Concerns and Opportunities

The following issues, concerns and/or opportunities were identified for this project by the Interdisciplinary (ID) Team:

Soils and Watershed

Removal of vegetation, improper site preparation and/or site reclamation, and contamination of the soils could result in soil losses, increased erosion and/or watershed damage.

2. Water

Contamination of Cottonwood Creek could occur (concern for both sites).

Wildlife

Wildlife species could drink contaminated water from the mud pits.

4. Vegetation and Range

Potential loss of vegetation on the site. Cattle may disturb the newly rehabed site. Drilling associated activities may disrupt the trailing of livestock in Cottonwood Canyon. A drill site not properly and timely reclaimed greatly increases the potential for unsuccessful revegetation. Drilling associated vehicles could damage range improvements or structures Gates left open could cause problems with livestock owners and hinder proper range management. Animals may drink from the mud pits. Withdrawal of water from ponds or troughs for drilling purposes could cause a shortage of water for livestock and wildlife.

5. Fire

Drilling and associated activities increase the chances of man-caused fires.

ENVIRONMENTAL ASSESSMENT

Vortt Exploration Co., Inc. Wildcat Oil and Gas Wells Cottonwood Canyon Manti-LaSal National Forest

> Prepared By: Steven F. Robison District Geologist July 1, 1981

Approved By: Billy Dye acting DFR Date 7-23-81

JOHN NIEBERGALL, Ferron District Ranger

RECORD OF DECISION AND FINDING OF NO SIGNIFICANT IMPACT

Vortt Exploration Co., Wildcat Oil and Gas Well Cottonwood Creek Emery County, Utah

An Environmental Assessment (EA) that discusses the anticipated impacts associated with Vortt Explortion's oil and gas well in Cottonwood Creek, Emery County, Utah (T17S., R6E, Sec. 14, SLM) is available for public review at the Ferron Ranger District in Ferron, Utah, and at the Forest Supervisor's Office in Price, Utah.

It is my decision based on the assessment and evaluation described in the EA, that the proposed project be allowed as described with the mitigations. The mitigations (management requirements and constraints) are listed on pages 4-5 of the EA.

I have determined through the EA that this is not a major Federal action that would significantly affect the quality of the human environment; therefore, an Environmental Impact Statement is not needed. This determination was made considering the following factors:

- 1. There are no wetlands, prime or unique rangelands, timberlands or farmlands, wilderness or futher planning areas, alluvial valley floors, known threatened or endangered plants or animals, archaeological or paleontological values associated with this proposal.
- 2. No disturbance to flood plains will occur.
- 3. There are no apparent adverse cumulative or secondary effects.
- 4. The approval of the project is consistant with the Ferron-Price Land Management Plan.
- 5. The identified issues, concerns and impacts can be effectively mitigated.

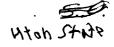
Recommended for Approval by:	Billy J Dye acting DFT JOHN NIEBERGALL, Ferror District Ranger	Date 7-23-81
	JOHN NIEBERGALL, Ferror District Ranger	
		•

Approved by:

REED C. CHRISTENSEN, Forest Supervisor

Date 7/23/8/

UNITED STATES DEPARTMENT OF AGR FOREST SERVICE Ferron R.D.



REPLY TO:

2820

July 23, 1981

SUBJECT:

Vortt Exploration's proposed Cottonwood Canyon Wildcat Well

TO:

Forest Supervisor



Attached for your approval is the final EA and Decision

Notice for Vortt Exploration's proposed oil and gas well

in Cottonwood Canyon. The transportation plan (engineering)

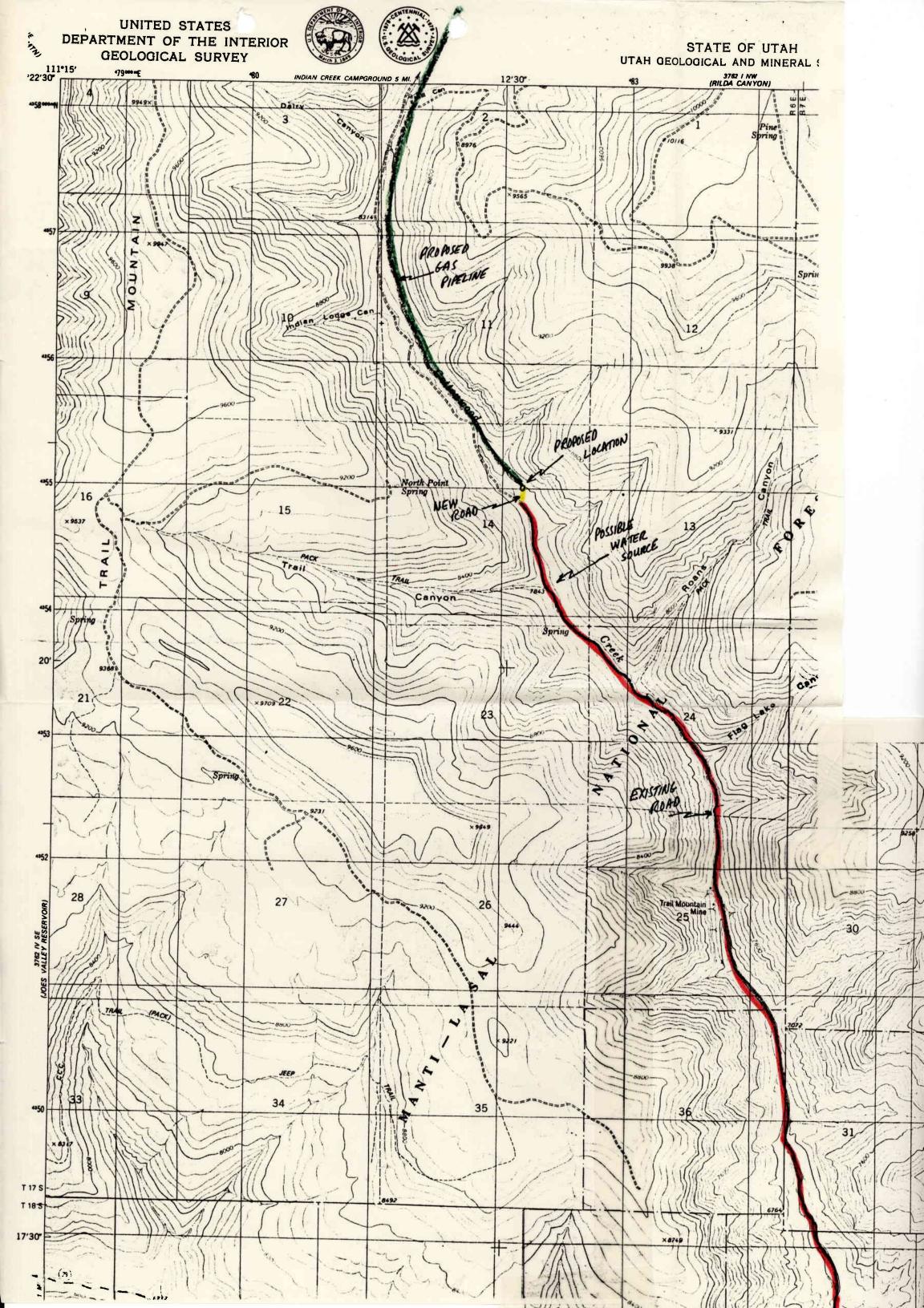
is included in the appendix. The signed road use permit should

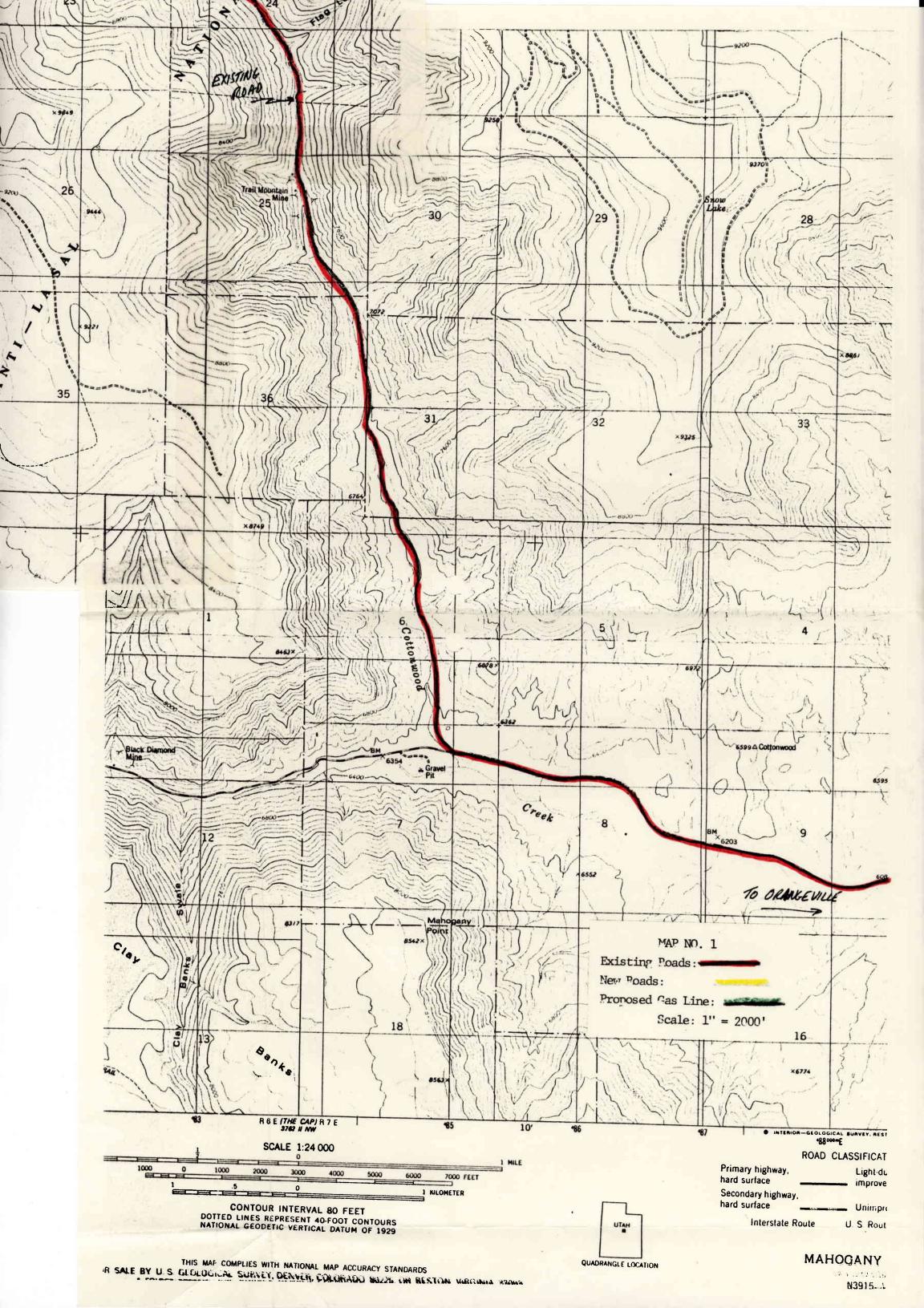
probably also be placed in the appendix. If you have any questions,

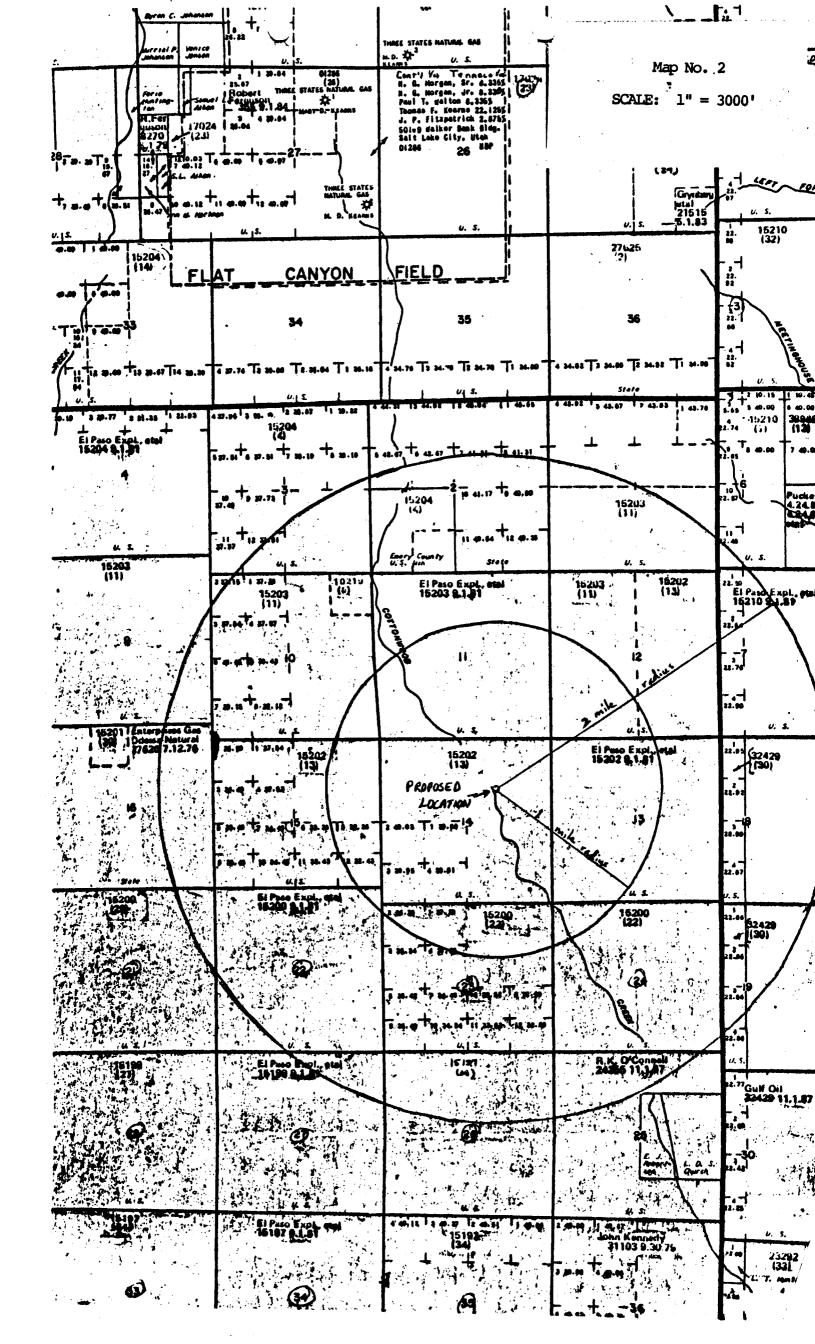
please contact Steve Robison.

Billy J. Dye

for JOHN NIEBERGALL District Ranger







VORTT EXPLORATION COMPANY, INC. LOCATION LAYOUT FOR 115 WELL LOCATION IN DESERVE NE/4 SEC. 14, 1175, RGE SCALE: 1" = 50' LATRIME 200 BEL MYD PIT 315 BAL BING PIT CAT WALK PARKING SM BAL WOTER MI 4 STOLAGE ME RACES PARKING cut off 100 ALLESS ROAD RATHOLE + MOUSENAE ATTAIL: 1. GROUND LEVEL TO TOP OF ROTARY BEAMS: 10' 2. GROWE LEVEL TO KILLY BUSHING: 12" RESERVE 3. CENTER OF HUE TO RESERVE PIT: 25'

RATELL

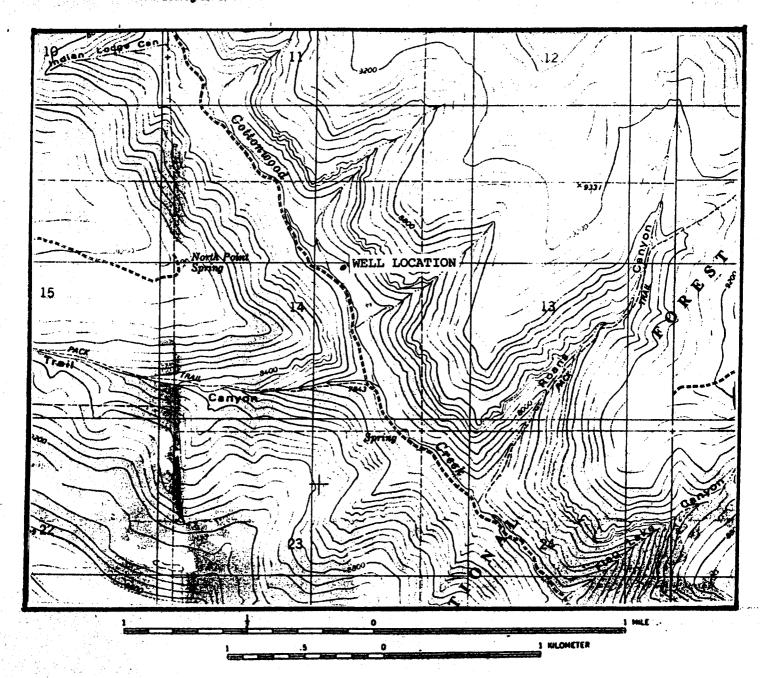
MOUSE MILE



DRILL LOCATION T17S, R6E, SECTION 14 LOOKING NORTH

UTAH ARCHAELOG RESEARCH CORPORATION 87 E. Center, Suite 103 Spanish Fork, Utah 84660 Tel. (801) 798-7061

Archaeological Consultants



T 17S R 6E Section 14 UTM Zone 12 N 482300 E 4354900

Project: UEC-81-2

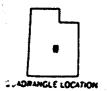
Date: June 4, 1981

Legend: Well location •

North

County: Emery

Quod: Mahogany Point 7.5'



CITED REFERENCES:

HAUCK, R	ichard
1977	Archaeological Inventory of Grimes Creek.
7.7	AERC ms.
1979a	Cultural Resource Evaluation in Central
	Utah 1977. BLM Cultural Resource Series
	No. 3.
1979b	Preliminary Report on the Cultural Resource
	Evaluation and Test Excavations in Cottonwood
	Canyon, Emery County, Utah. AERC Utah Power
	and Light Report.
1980	Archaeological Sample Survey and Cultural
	Resource Evaluations of the East Mountain
	Locality in Emery County, Utah. AERC Utah
	Power and Light report.
	water water to the second of t

The area investigated for this report was at a 7900 foot elevation which places it above that level.

METHODOLOGY

The oil well location was surveyed by the archaeologist in approximately 15 meter transects until a 300-foot square around the center stake was covered.

The day of the survey was clear and cool with partial cloud cover. The time spent on the inventory for this location was approximately 14 hours.

RESULTS AND RECOMMENDATIONS

No archaeological resources were observed near the proposed well location. It is recommended that clearance be given with the following stipulations:

- 1. All construction activities will be restricted to those areas examined during the survey.
- 2. A qualified archaeologist should be notified if construction activities uncover any subterranean cultural remains during the course of the project.

Diana Christensen,

Principal Investigator

ARCHAEOLOGICAL RECONNAISSANCE OF A DRILL LOCATION IN COTTONWOOD CREEK, EMERY COUNTY, UTAH

INTRODUCTION

On June 3, 1981, Diana Christensen of Utah Archaeological Research Corporation conducted an archaeological survey for a proposed oil well location in Cottonwood Canyon of Emery County, Utah. The area is located on forest land of the Manti-LaSal National Forest (Ferron District) at Township 17 South, Range 6 East, Section 14, Southwest 4 of the Northeast 4.

The area is a relatively flat sage park on the east side of Cottonwood Creek at the base of the canyon wall. Flora around the drill site is sagebrush and grasses with pinyon and juniper trees nearby on the slope and willow along the creek approximately 200 feet west.

The soils are sandy riverine fill with sandstone on the hillside. The land is eroded by the creek but in good condition.

A file search was conducted at the Ferron District Office which revealed no archaeological sites recorded in the section.

projects by AERC including the Grimes Creek Inventory (Hauck, 1977), The Central Coal Project (Hauck, 1979a), Cottonwood Creek Intensive (Hauck, 1979b) and the Trail Mountain Timber Sale conducted by Gillio of the Forest Service in 1975. These projects attest to frequent aboriginal occupation of the area which are mainly in the form of lithic scatters and quarries or rock shelters. Hauck (1977) found all three archaeological sites within a 6700-7000-foot elevation.

ARCHAEOLOGICAL SURVEY OF A DRILL LOCATION

IN COTTONWOOD CREEK, EMERY COUNTY, UTAH

ABSTRACT: An archaeological survey was conducted by Utah Archaeological

Research Corporation for a proposed oil well location in

Cottonwood Creek, Utah.

CLIENT: Vortt Exploration Corporation

PROJECT AREA:

Legal - T17S, R6E, Section 14 SW & of NE &

Map - Mahogany Point 7.5' 1979

Emery County, Utah

Forest land, Manti-LaSal National Forest, Ferron District

approximately 300 square feet surveyed around drill

location

DATE OF FIELDWORK: June 3, 1981

PERSONNEL INVOLVED: Diana Christensen

RESULTS AND RECOMMENDATIONS: No archaeological resources were located.

It is recommended that clearance be given the project as now

proposed.



UTAH ARCHAELOGICAL RESEARCH CORPORATION ● 87 E. CENTER, SUITE 103 ● SPANISH FORK, UTAH 84660 ● (801) 798-7061 FIELD OFFICE: P.O. BOX 1147 ● MONTICELLO, UTAH 84535

SUBJECT: Archaeological Survey of a Drill Location in Cottonwood

Creek, Emery County, Utah.

AUTHOR: Diana Christensen

Principal Investigator

DATE: June 4, 1981

PROJECT: Vortt Exploration Corporation-1981-2

PERMIT: Utah State # 612

Forest Special Use Permit

PREPARED FOR:

Mr. Ed Patterson Vortt Exploration Corporation P.O. Box 26089 Fort Worth, TX 76116

Dr. David Madsen Utah State Historical Society 300 South Rio Grande Salt Lake City, UT 84101

Mr. Steve Robison Ferron Ranger District P.O. Box 129 Ferron, UT 84523

VORTT EXPLORATION COMPANY, INC.

OIL AND GAS

(B17) 244-4201 P. O. Box 26089

June 17, 1981

2728 LAREDO DRIVE FORT WORTH, TEXAS 76116

UNITED STATES GEOLOGICAL SURVEY Conservation Division 2000 Administration Building 1745 West 1700 South Salt Lake City, Utah 84104

ATTN: George Diwachak

RE: Application for Permit to Drill Well No. 1, Sec. 23, T21S, R5E, Sevier County, Utah, Lse. # U-15179; Well No. 1, Sec. 14, T17S, R6E, Emery County, Utah, Lse. # U-15202

Dear Mr. Diwachak:

Enclosed herewith please find revised Multipoint Surface Use Plans and Well Location Layout Plats for the two captioned proposed wells. We have attempted to follow the quidelines set out in NTL-6 as close as possible.

If there are still problems, please contact me at the above number at your earliest convenience. Please accept our apologies for submitting these incorrectly. We are new to federal operations and not use to all the restrictions.

Thank you for your continued assistance in this matter.

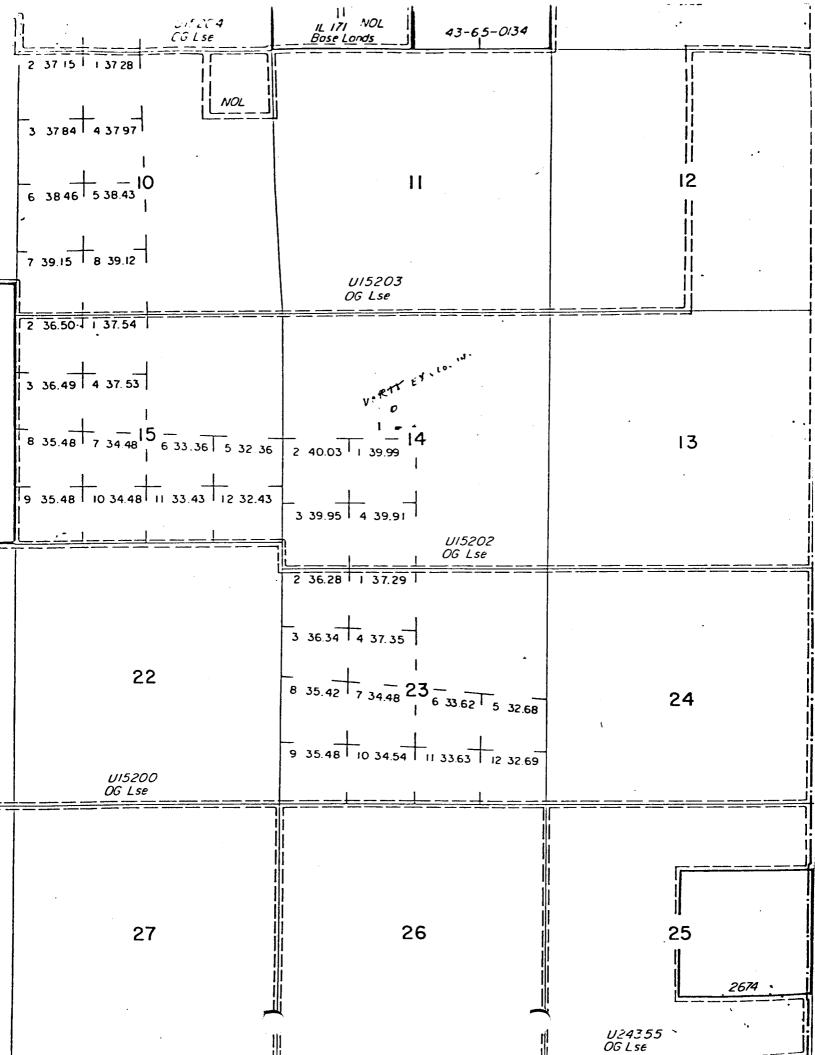
Very truly yours,

VORIT EXPLORATION COMPANY, INC.

H. E. Patterson

Land Manager

HEP/s Encls.



UNITED STATES DEPARTMENT OF AGRICULTURE FOREST SERVICE

Manti-LaSal National Forest 599 West Price River Drive Price, Utah 84501



July 27, DAASION OF OIL, GAS & MINING

Edgar W. Guynn
U.S. Geological Survey
2000 Admin. Bldg.
1745 West 1700 South
Salt Lake City, Utah 84104

Dear Mr. Guynn

Enclosed for your information are copies of the approved Environmental Assessment (EA) and Forest Service Road Use Permit for Vortt Exploration Company, Inc.'s operations in Cottonwood Canyon on the Manti-LaSal National Forest.

The Environmental Assessment addresses the Indian Creek #1 Wildcat Well and access to both this site and the drilling location located on State land. The Road Use Permit authorizes access for operations on Forest lands in Cottonwood Canyon for both sites.

Sincerely,

W. H. Boloy

for REED C. CHRISTENSEN Forest Supervisor

Enclosures

cc: Utah Div. of Oil & Gas & Mining D-2

Form approved, Budget Bureau No. 42-R1425.

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INCIDENT OF CONSE D	······································	Sec. 14		:	TO T	HIS WELL	
(Also to nearest drig 18. DISTANCE FROM PROP		·		99.44	20. вота	20. ROTARY OR CABLE TOOLS	
TO NEAREST WELL, DI OR APPLIED FOR, ON THI	RILLING, COMPLETED,			•		5	
21. ELEVATIONS (Show whe	IVOL	<u>e</u>	69	50'	<u> </u>	22. APPROX. DATE WORK	WILL START*
8000' GL		<u> </u>				<u> </u>	
	P	ROPOSED CASII	IG AND	CEMENTING PRO	GRAM		:
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER F	оот	SETTING DEPTH		QUANTITY OF CEMENT	<u> </u>
12 3/4"	10 3/4"	40.5#		200'	100 s	sacks	
9 5/8"	7 5/8"	26.40#		2400'if need	ed 125 s	sacks	<u> </u>
6 1/4"	4 1/2"	10.50#		6900 '	176 s	sacks	
Colochirmly	wfamata and fun	atura tha 1	 	m and Daleata	l Poznati		-1 of
					FOLHACIO	on with 20,000 g	at or
_	id and 200 sack	S OL 20-40	Sano	•			
This gas is no				_11			
•	tion 14 is dedi	i				dil be used	
	king pressure a	na sooo ps.	ı tes	r prover br	eventer w	viii be usea.	
Diagram attach	ea nereto.			<u>}</u>			
				5 4 5 7			
zone. If proposal is to	drill or deepon directiona					luctive zone and proposed r d and true vertical depths.	
zone. If proposal is to preventer program, if any	drill or deepon directiona						
zone. If proposal is to preventer program, if any	drill or deepon directiona	lly, give pertinen	data o	n subsurface location		d and true vertical depths.	Give blowout
zone. If proposal is to preventer program, if any 24.	drill or deepon directiona	lly, give pertinen	data o				Give blowout

PERMIT NO.

FOR

E. W. GUYNN DISTRICT ENGINEER

AUG 0 3 1981

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

CONDITIONS OF APPROVAL ATTACHED NOTICE OF APPROVAL

TO OPERATOR'S COPY
*See Instructions On Reverse Side

FLARING OR VENTING OF GAS IS SUBJECT TO NTL 4-A **DATED 1/1/80**

of tale Of In

PROPERTY DESCRIPTION:

VORTT U-15200

Located at a point NO°01'W, 3386.96 feet and 1766.84 feet West of the SE carner of Section 14, T.175., R.6E., SLB&M.

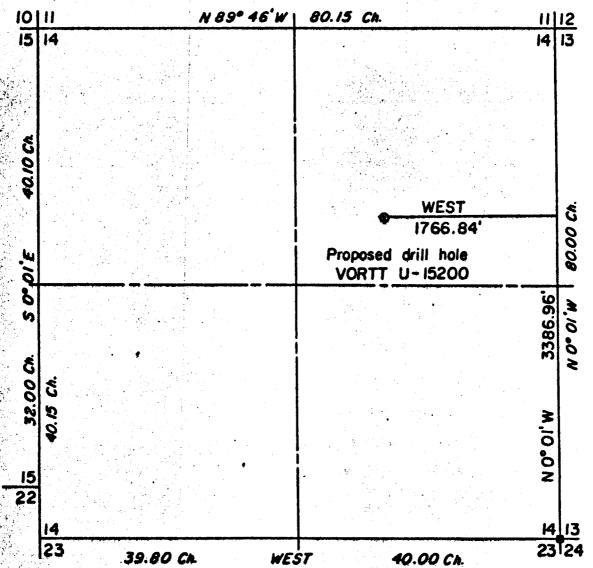
B - Denotes found corner.

Cesaig E. Charmen weekes SURVEYOR

HOLDING CERTIFICATE NO. 3628, DOMEREBY CERTIFY THAT THE PLAT SHOWN HEREON HAS BEEN PREPARED FROM A FIELD SURVEY MADE UNDER MY DIRECTION AND CORRECTLY SHOWS THE DIMENSIONS AND MONUMENTS OF THE PROPERTY DESCRIBED TO THE BEST OF MY KNOWLEDGE AND BELIEF, PURTHERMORE, ENCROACHMENTS OF FENCES AND IMPROVEMENTS ARE SHOWN WITH THE FOLLOWING ENCROPTIONS:





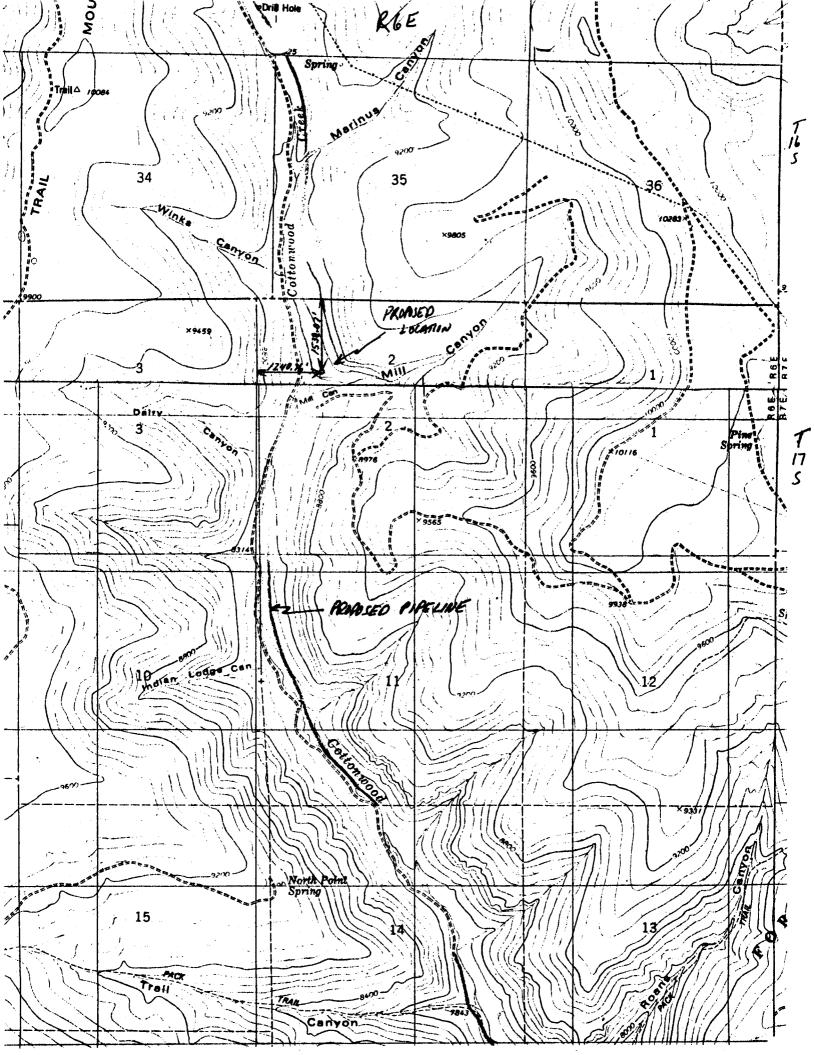


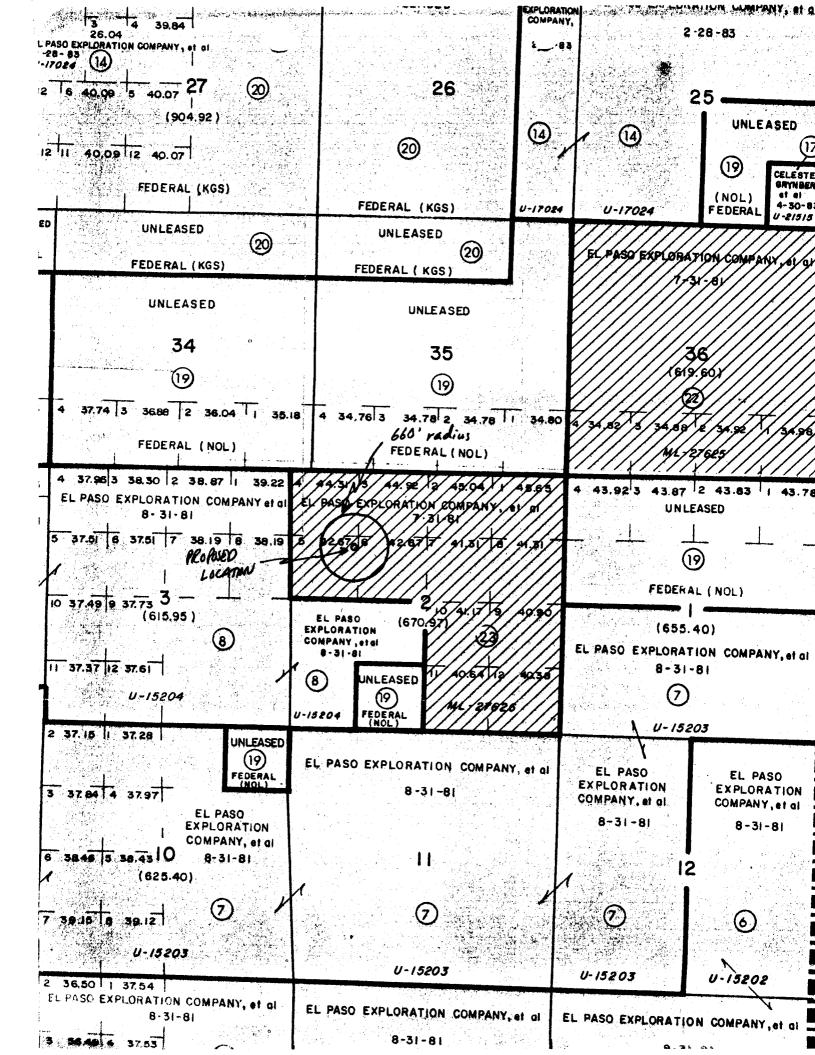
AECTION	TOWNSHIP	RANGE
14	17 S	6 E
DATE	SCALE	BLOCK
6 - 81	1"= 1000'	
PLAT	SUR	VEY

CRAIG E. JOHANSEN REGISTERED LAND SURVEYOR

REGISTERED LAND SURVEYOR JOHANSEN & TUTTLE ENGR. INC. CASTLE DALE, UTAH SURVEY FOR

VORTT EXPLORATION COMPANY INC. 2728 LAREDO DRIVE FORT WORTH , TEXAS - 76116





PERMIT NO.

APPROVED BY __

CONDITIONS OF APPROVAL, IF ANY:

Form approved. Budget Bureau No. 42-R1425.

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR					5. LEASE DESIGNATION AND SERIAL NO.		
	GEOLO	GICAL SURVE	:Y			U-15202	
APPLICATION	FOR PERMIT	O DRILL, D	EEPEN, OR PI	.UG B	ACK	6. IF INDIAN, ALLOTTEE	OR THIBE NAME
1a. TYPE OF WORK					i	7. UNIT AGREEMENT NA	ME
=		DEEPEN [j PLC	IG BAC	к 🗀	INDIAN CREEK	
D. TYPE OF WELL OIL GA			SINGLE ZONE	MULTIPL ZONK	· [X]	8. FARM OR LEASE NAME	F
2. NAME OF OPERATOR	ELL X OTHER		Z(NI L			14176	
VORTT EXPLORA	TION COMPANY,	INC.				9. WELL NO.	
3. ADDRESS OF OPERATOR	1101 0011117					_1	
P. O. BOX 26	089, Fort Wort	h, Texas	76116			10. FIELD AND POOL, OR	WILDCAT
At surface	eport location clearly and	l in accordance wit	h any State requiremen	its.~)		Wildcat 11. sec., T., R., M., OR BI	LK.
3386.96' FSL	& 1766.84' FEI	_	CRNE			Sec. 14, T1	G ∆
At proposed prod. zon		_	320			SLB & M	io, non,
3386.96 FSL	& 1/66.84' FEI		OFFICE*			12. COUNTY OR PARISH	13. STATE
	of Huntington					Emerv	Utah
	28ED' 1893.04' FNI		16. NO. OF ACRES IN	LEASE		F ACRES ASSIGNED	
PROPERTY OR LEASE L	.INE, FT.		2499.44		10 1.	320	
(Also to nearest drig 18. DISTANCE FROM PROP	OSED LOCATION*		19. PROPOSED DEPTH		20. ROTA	RY OR CABLE TOOLS	
OR APPLIED FOR, ON THE	is lease, ft. N	one	6950 '		<u> </u>	Rotary	
21. ELEVATIONS (Show who	ether DF, RT, GR, etc.)					22. APPROX. DATE WOR	IR WILL START
8000' GL							
23.	1	PROPOSED CASIN	IG AND CEMENTING	PROGRA	M	and the second s	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FO	OOT SETTING D	БРТН	100	QUANTITY OF CEMEN	r
12 3/4"	10 3/4"	40.5#	200'		100 s		, sug.
9 5/8"	7 5/8"	26.40#	2400'if r	eeded_	125 s		
6 1/4"	4 1/2"	10.50#	6900 '		170 5	acks	
jelled weak ac This gas is no The N/2 of Sec	ction 14 is dedi king pressure a	cs of 20-40 icated to th	sand. nis well.	- (2	CI	on with 20,000 c	al of
zone. If proposal is to preventer program, if an	E PROPOSED PROGRAM: If drill or deepen direction	proposal is to deep ally, give pertinen	pen or plug back, give t data on subsurface le	data on pr	OIL, GA	S& MINING ductive zone and proposed and true vertical depth	i new productiv s. Give blowou
24.	Vottes					,Tune	8, 1981
BIGNED H. E. Pa	itterson	TI	Land Manage	r		DATE JUILE	
(This space for Fede	eral or State office use)						

TITLE

APPROVED BY THE STATE
OF UTAH DAVISION OF
OIL, GAS, AND MINING
DATE: 10-15-81

VORTT EXPLORATION COMPANY, INC.

OIL AND GAS

(817) 244-4801 P. O. Box 26089 2728 LAREDO DRIVE FORT WORTE, TEXAS 76116

TEN POINT OPERATIONS PLAN

INDIAN CREEK UNIT - WELL NO. 14176

- 1. The geologic name of the surface formation is the North Horn of the Lower Tertiary.
- Estimated tops of important geologic markers.

Ferron: 5850' Dakota: 6850'

- 3. Due to lack of information in the area, we are unable to estimate what depth water would be encountered. Gas and/or oil is expected to be encountered based on porosity development in the Ferron from 5875' to 6275' and in the Dakota from 6850' to 6950'.
- Proposed casing program:

10 3/4" to 200' of 40.5# New 7 5/8" to 2400', if needed, of 26.04# New 4 1/2 to Total Depth of 10.50# New

- 5. A 3000 psi working pressure and 5000 psi test rating. Equipment includes a 5 valve choke manifold with a postive and adjustable choke; kill line will be provided at all times.
- 6. The proposed well is to be drilled with air. If water is encountered, we will go to mist drilling or aerated drilling by injecting drilling scap into the system. This process can handle in excess of 100 barrels of formation water per hour. If conditions encountered in the hole force us to go to mud, we would use freshwater mud with Gel for viscosity and Bar for weight. The viscosity and weight of such mud would be governed by hole conditions.
- Auxiliary equipment will include: (1) 6 5/8" left hand kelly cock,
 (2) floats at the bit, (3) floor safety valve at all times for drill pipe.
- 8. As many as three drill stem tests could be run in the hole during the course of drilling, depending on the quality of the formation to be tested. There will not be any coring in this hole. If no intermediate casing is run, the well will be logged from Total Depth back to surface casing when drilling is completed. If an intermediate string of casing is run, a cased hole log will be run thru pipe from the bottom of the intermediate

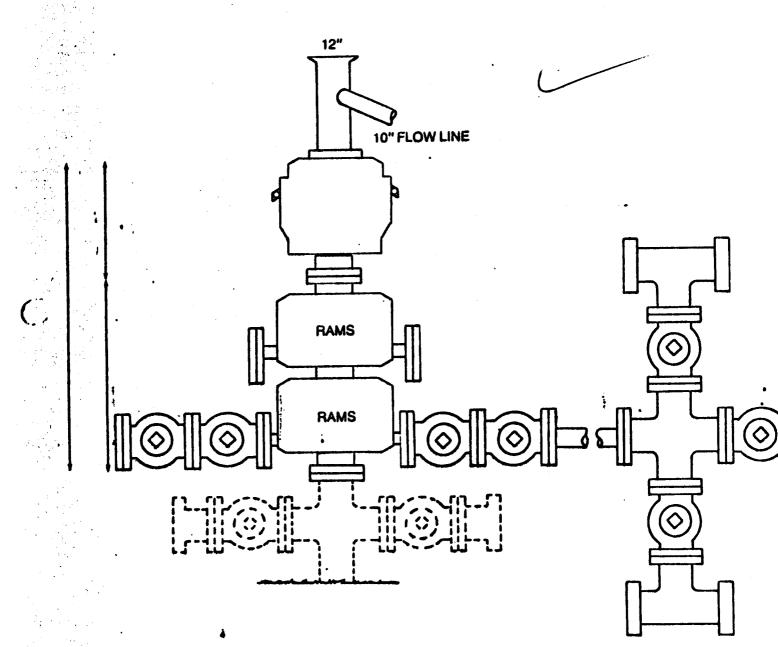
Ten Point Operations Plan Page 2

string to the surface. Logs to be run will include dual induction, density and cement bond logs.

- 9. It is not anticipated that any pressures, temperatures or hazardous gases will be encountered at this location. If any were encountered, they could be controlled by the BOP.
- 10. Anticipated starting date is July 25, 1981. Duration of operations should be no more than 24 days maximum.



CRC COLORADO WELL, INC. 2603 East Main • Rangely, Colorado 81648



SERIES 10" X 3000 with positive and adjustable choke

VORTT EXPLORATION COMPANY, INC.

OIL AND GAS

(817) 244-4901 P. Q. Box 25089 2728 LARRDO DRIVE FORT WORTH, TEXAS 7656

MULTI-POINT SURFACE USE PLAN

INDIAN CREEK UNIT-WELL NO. 14176

- Please refer to Map No. 1 which shows the existing 1. EXISTING ROADS roads. The existing road an Map No. 1 is Forest Route No. 040. It consists of some gravel and some sandy soil as a construction material. It will need to be widened just north of the coal mine operated by Utah Power and Light Company. The road in this area has been partially covered up on the up hill side. The read will be widened to its original size. In the event of production, existing roads will be maintained according to the type of vehicles that will be used. No oil production is anticipated, therefore we expect to have only four-wheel drive or small size vehicles using the road once or twice a week during production. Pit run gravel will be used according to Forest Service requirements (6" thick) where it is deemed necessary. All roads will be graded periodically during the duration of this project and in conjunction with Utah Power and Light Company. In the event of a dry hole, the existing roads will be left in as near a condition as possible in which they were found, except where they have been improved. It will take 15 loads to move the rig in and 15 loads to move the rig aut.
- PLANNED ACCESS ROADS Please refer to Map No. 1. The terrain at the 2. wellsite is between 0-5% grade. Any new road will be consistent with the grade of the local terrain if possible. The road surface will not exceed 20' in width. A culvert will be placed at the point of crossing of Cottonwood Creek. The point of crossing shall be determined during the field inspection with the USFS. No turnouts will be necessary. The drainage design will be adequate to prevent any soil erosion and will consist of 3:1 ditches and possible water bars. There will be no major cuts or fills except where the road crosses Cottonwood Creek, No gates, cattle guards or fence cuts will be necessary on the planned access road. The surfacing material for the planned access road will be 6" of pit run gravel, which will be brought by truck from off the forest boundary. This road will be center line flagged for convenience.
- 3. IOCATION OF EXISTING WELLS Please refer to Map No. 2. There are no water wells within a two mile radius of location. There are no abandoned wells within a two mile radius of location. There are no temporarily abandoned wells within a two mile radius of location. There are no disposal wells within a two mile radius of location. There are no drilling wells within a two mile radius of location. There are no producing wells within a two mile radius of location. There are no shut-in wells within a two mile radius of location.

There are no injection wells within a two mile radius of location. There are no monitoring or observation wells for other resources within a two mile radius of location.

- LOCATION OF EXISTING AND/OR PROPOSED FACILITIES There are no tank batteries within a one mile radius of location. There are no production facilities within a one mile radius of location. There are no oil gathering lines within a one mile radius of location. There are no gas gathering lines within a one mile radius of location. There are no injection lines within a one mile radius of location. There are no disposal lines within a one mile radius of location. In the event of production of gas, we would propose to lay a gas gathering line as shown on Map No. 1 attached hereto. We do not feel it necessary to go to the expense of having this proposed gas line surveyed unless production is secured. In the event condensate is produced in conjunction with the gas, a 250-300 barrel tank battery would be placed at the wellsite. A separator would also be placed at the wellsite. The location production equipment will be painted according to Forest Service requirements. It is proposed that the gas gathering line would not be buried, allowing for easy removal upon completion of production. The gas line would be buried near roads. The flow line route will be flagged on the ground as required. The location will not exceed 300' square as shown on the attached Plat No. 1. Construction methods and materials will be based on Forest Service regulations, meaning we will use 12 inches of pit run gravel on the location. Cuts and fills will be made as shown on Plat No. 1. The location will be fenced during drilling operations as will any production facilities. Plans for rehabilitation of disturbed areas no longer needed will include filling and relevelling all pits when fluids have had adequate time to dry. These areas will be reseeded according to Forest Service requirements.
- 5. ICCATION AND TYPE OF WATER SUPPLY Due to the fact we will be drilling with air, water usage will be limited. Any water used would be brought by truck or pumped through a plastic hose from Cottonwood Creek. We are in the process of acquiring permission or authorization to use this water from the local irrigation co-op and therefore cannot furnish such at this time. No water wells are to be drilled upon this location.
- 6. SCURCE OF CONSTRUCTION MATERIALS Pit run gravel will be used to build the location and the entrance to the location. Pit run gravel will be placed on the existing road to a depth of 6" in places where it is needed. The planned new access road, the existing road and the location will be built with pit run gravel that will be brought by truck from sources off the Forest Service property. The gravel will not be brought from either Federal or Indian land. All gravel will be brought to location via the access roads marked on Map No. 1 attached hereto. No other Federal or Indian lands will be used.

- METHODS FOR HANDLING WASTE-DISPOSAL All cuttings, drilling fluids and 7. produced fluids will be placed in the blow pit during drilling operations. All trash will be kept in a fenced pit and removed from the forest periodically. No trash will be left or buried at the location. A port-a-potty will be provided for human waste. The port-a-potty will be removed from the location upon completion of drilling operations. The well site area will be cleaned to the best of our ability once the drilling rig moves out. If large amounts of liquids are left in the reserve pit after completion of the project, the pit will be fenced until the liquids have had adequate time to dry. The location clean-up will not take place until such time as the reserve pit can be properly covered over to prevent run-off from carrying any of these materials into the watershed. No earthen pit will be located on natural drainage; all earthen pits will be so contructed as to prevent leakage from occurring.
- 8. ANCILLIARY FACILITIES No camps or airstrips will be associated with this project except for a small house trailer to be used by drilling and geological consultants.
- 9. WELL SITE LAYOUT Please refer to Plat No. 1. A cross section of the drill pad is not necessary due to the fact the location is on a relatively flat area. The cuts and fills will be minor but are shown on Plat No. 1. All mud tanks, reserve, burn and trash pits, pipe racks, living facilities, and soil material stockpiles will be located as shown on Plat No. 1. Rig orientation, parking areas and access roads will be located as shown on Plat No. 1. All earthen pits will be lined with a polyurethane liner.
- PLAN FOR RESTORATION OF SURFACE After completion of the proposed 10. project, the location will be returned to as near a condition as which it was found. All pits will be backfilled as soon as possible. No contouring will be necessary due to the flat terrain and the fact that it detracts from the natural beauty of the forest. Fluids that will not dry will be removed from the forest. All polluting substances or contaminated materials, such as oil, oil saturated soils, and gravels, will be buried with a minimum of two feet of clean soil as cover or be removed from the forest. Drainage will be reestablished to prevent erosion to the site until vegetation is established. Reseeding operations will be carried out according to Forest Service regulations. Reseeding will be performed as soon as the surface can be made ready. All pits will be fenced until they are ready to be leveled and filled. Any oil left on the pit will be removed from the forest. All rehabilitation operations should be completed within 60 days after the completion of operations, weather permitting.
- 11. OTHER INFORMATION The terrain is a canyon with some open sagebrush flats containing many rocks and some gullies. There is a scattering of timber. Deer and elk have been known to use this area during certain months of the year. Other animals such as rabbits, ground squirrels, mice, cougars and eagles are also present in the general area. The area is used during the summer months by campers and sightseers. For archeological information, please see attached Report No. 1. The soil at the well site is derived from limestone and sandstone. The surface

MULTI-POINT SURFACE USE PLAN Page 4

of all involved lands is Manti Ia Sal Forest lands. There is some hunting activity in the area during certain times of the year. The closest body of water is Joe's Valley Reservoir, several miles from this location. The closest stream would be Cottonwood Creek to the West, less than 1/2 mile from the location. There are no known occupied dwellings within a 2 mile radius of location, however there is a coal mine in operation South of this location about 3 miles.

12. OPERATOR'S REPRESENTATIVES

Jim Davis and c/o Village Inn Motel Castledale, Utah 84513 (801) 748-2309

H. E. Patterson P.O. Box 26089 Fort Worth, Texas 76116 (817) 244-4201

13. CERTIFICATION I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and that the work associated with the operations proposed herein will be performed by Vortt Exploration Company, Inc. and its contractors and sub-contractors in conformity with this plan and the terms and conditions under which it is approved.

H. E. Patterson

Land Manager

HEP/ck

Bacteriological and Chemical Analysis
40 WEST LOUISE AVENUE
SALT LAKE CITY, UTAH 84115

PHONE 466-8761

DATE: 09/29/81

CERTIFICATE OF ANALYSIS

VORTT EXPLORATION P.O. BOX 26089 FORT WORTH, TEXAS 76116

81-007294

SAMPLE: WATER SAMPLE RECEIVED 9-16-81 FOR COMPLETE ANALYSIS.

Alkalinity as CaCO3 mg/l	260.00	Ammonia as NH3-N ms/1	<.01
Arsenic as As mg/l	<.001	Barium as Ba ms/1	.063
Bicarbonate as HCO3 m9/1	317.20	Boron as B mg/1	.010
Cadmium as Cd mg/1	<.001	Calcium as Ca mg/1	51.20
Carbonate as CO3 mg/1	<.01	Chloride as Cl mg/1	14.00
Chromium as Cr (Hex.) mg/1	<.001	Chromium as Cr (Tot) mg/l	<.001
Conductivity umhos/cm	560	Copper as Cu mg/l	<.001
Fluoride as F mg/1	.35	Hardness as CaCO3 mg/1	268
Hydroxide as OH mm/1	<.01	Iron as Fe (Dissolved) mm/1	.118
Iron as Fe (Total) mg/l	.165	Lead as Pb mg/l	<.001
Maenesium as Me me/1	33.60	Manganese as Mn mg/l	.020
Mencury as Ha ma/l	<.00020	Nickel as Ni mg/l	.005
Nitrate as NO3-N mg/1	<.01	Nitrite as NO2-N mm/1	<.01
Phosphate PO4-P Ortho mg/1	.015	Potassium as K mg/l	5.90
Selenium as Se ms/l	<.001	Silica as SiO2 Diss. Mg/l	10.00

All reports are submitted as the confidental property of clients. Authorization for publication of our reports, conclusions, or, extracts from or regarding them, is reserved pending our written approval as a mutual protection to clients, the public and ourselves.



40 WEST LOUISE AVENUE SALT LAKE CITY, UTAH 84115

PHONE 466-8761

PAGE: 2

CERTIFICATE OF ANALYSIS

FORD CHEMICAL LABORATORY, INC.

INDIAN CREEK 14176 #1 SW4 NE% Sec. 14 T17S, R6E County Emery Sample taken at 370 feet.



DATE: 09/29/81

CERTIFICATE OF ANALYSIS

81-007294-01

FORD CHEMICAL LABORATORIES

BALANCE SHEET FOR SAMPLE: (1) RESULTS

CATIONS	ms/1	me¶/1
Calcium as Ca me/1	51.200	2.555
Magnesium as Mg mg/1	33.600	2.764
Iron as Fe (Dissolved) mm/1	.118	.004
Sodium as Na ms/1	36.800	1.601
Potassium as K mg/l	5.900	.151
ANIONS	wa\j	meq/1
Carbonate as CO3 mg/1	.000	.000
Bicarbonate as HCO3 mg/1	317.200	5.202
Sulfate as SO4 ms/l	68.000	1.416
Chloride as Cl ms/1	14.000	.395
Nitrate as NO3-N ms/1	.000	.000

PHONE 466-8761

BALANCERINFORMATION

CATIONS	43/3/40	7.075
ANIONS:	THE SHOP OF	7.013
TOTAL:	1	4.088
DIFFEREN	NCE:	.062
SIGMA:		.004
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All reports are submitted as the confidental property of clients. Authorization for publication of our reports, conclusions, or, extracts from or regarding them, is reserved pending our written approval as a mutual protection to clients, the public and ourselves.

** FILE NOTATIONS **

DATE: October 15,1981	
OPERATOR: Voit Encoration	Company, Duc.
OPERATOR: Voit Exploration Undian chek, WELL NO: 14176 ##	/ //
Location: Sec. <u>/4</u> T. <u>/75</u> R.	6E County: Emery
File Prepared: [-]	itered on N.I.D:
	ompletion Sheet:
API Number <u>43</u>	-015-30091
CHECKED BY:	
Petroleum Engineer:	Les 10-15-81
Director:	
Administrative Aide: Unit W	ell, at on boundries
APPROVAL LETTER:	
Bond Required:	Survey Plat Required:
Order No.	O.K. Rule C-3
Rule C-3(c), Topographic Exception - within a 660' radius of	company owns or controls acreage proposed site
Lease Designation Feel	Plotted on Map
Approval Letter	Written /
Hot Line P.I.	Transcript of the Control of the Con

October 19, 1981

Vortt Exploration Company, Inc. P. O. Box 26089
Fort Worth, Texas 76116

RE: Well No. Indian Creek 14176 #1, Sec. 14, T. 17S, R. 6E, Emery County, Utah

Insofar as this office is concerned, approval to drill the above referred to gas well is hereby granted in accordance with Section 40-6-11, Utah Code Annotated 1953; and predicated on Rule A-3, General Rules and Regulations and Rules of Practice and Procedure.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

MICHAEL T. MINDER - Petroleum Engineer Office: 533-5771 Home: 876-3001

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (acquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-015-30091.

Sincerely

DIVISION OF OIL, GAS AND MINING

Cleon B. Feight

Director

CBF/db CC: US6S

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES ABANDON*** (other)

LIMITED OTATEO	500get 501660 No. 42-01424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE U-15202
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME Indian Creek
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.) 1. oil gas	8. FARM OR LEASE NAME 14176
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO.
Vortt Exploration Company, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Wildcat
P. O. Box 26089, Fort Worth, TX 76116 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T17S, R6E, SLB & 1
AT SURFACE: 3386.96' FSL & 1766.84' FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE Emery Utah
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	_ 14. API NO. 43-015-30091
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 8000' DF 8010' KDB 8012'
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEOT WATER SHIT OFF	

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This hole was drilled to a TD of 5774' (by drillers measurements) on 10-04-81. While running a Totco, the pipe got stuck in the hole. From 10-04-81 until 11-11-81, attempts were made to recover all of the drill pipe and drill collars in the hole. All attempts failed. It is now proposed that we back the drill collars off at top of the 5th collar off bottom (5678' by Schlumberger TDT Log measurements) and run 4½" 9.5# csg. back to this point and screw into drill collars for attempted completion in the Ferron Sand. The top of the Ferron in this well was drilled at 5598'. It is also proposed that a block squeeze be done on the bottom 3 drill collars and then a regular squeeze be done through the 4th collar off bottom to insure a good cement job.

Subsurface Safety Valve: Manu. and	Туре	Set @ Ft
18. I hereby certify that the foregoin	g is true and correct	DATE November 12, 1981
SIGNED FRANKLY WAY	(This space for Federal or State of	
APPROVED BY	TITLE	DATE

VORTT EXPLORATION COMPANY, INC.

OIL AND GAS

(817) 244-4201 P. O. Box 26089 December 22, 1981

2728 LAREDO DRIVE FORT WORTH, TEXAS 76116

State of Utah Department of Natural Resources Division of Oil Gas and Mining 1588 West North Temple Salt Lake City, Utah 84116

Attention: Mr. Cleon Feight

RECEIVED DEC 28 1981

DIVISION OF OIL, GAS & MINING

Re: Operations report for

Indian Creek wells 02176 and 14176 - Emery County, Utah

Dear Mr. Feight:

Enclosed please find copies of Form 9-331, for the above referenced wells, as filed with the U. S. G. S. Conservation Division.

It is our understanding the original filings did not reach your office; hopefully these will.

Sincerely,

VORIT EXPLORATION COMPANY, INC.

Production Manager

HLW:1c

Enclosures

Scott M. Matheson, Governor Temple A. Reynolds, Executive Director Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

March 10, 1982

Vortt Exploration P. O. Box 26089 2728 Laredo Drive Fort Worth, Texas 76116

Re: Well No. Indian Creek 14176 #1 Sec. 14, T. 17S, R. 9E.

Emery County, Utah

(December 1981- February 1982)

Gentlemen:

Our records indicate that you have not filed the monthly drilling reports for the months indicated above on the subject well.

Rule C-22, General Rules and Regulations and Rules of Practice and Procedure, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGC-1B, (U.S. Geological Survey Form 9-331) "Sundry Notices and Reports on Wells", or on company forms containing substantially the same information. We are enclosing forms for your convenience.

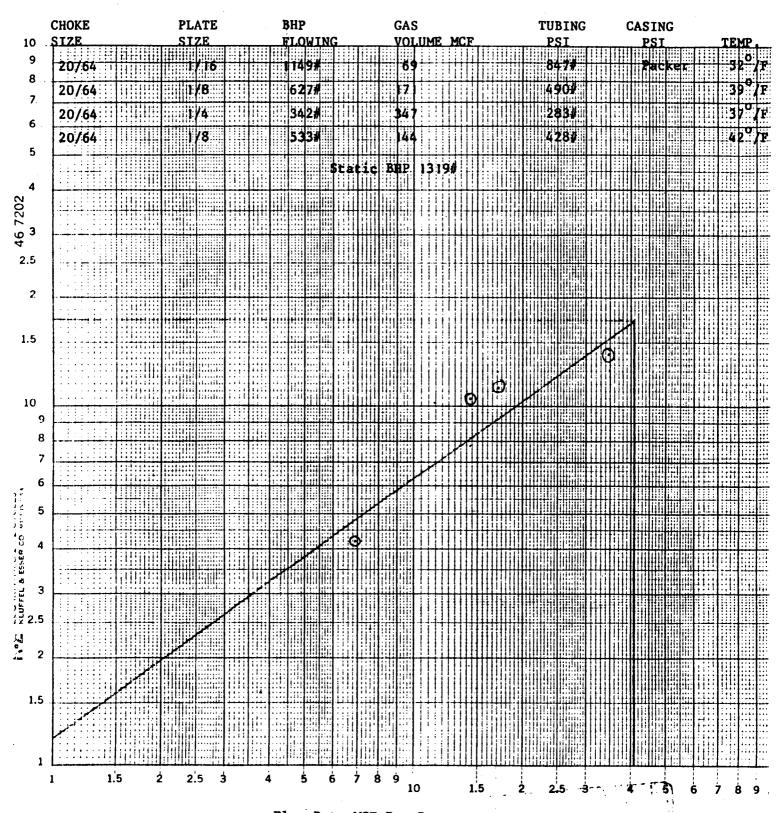
Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

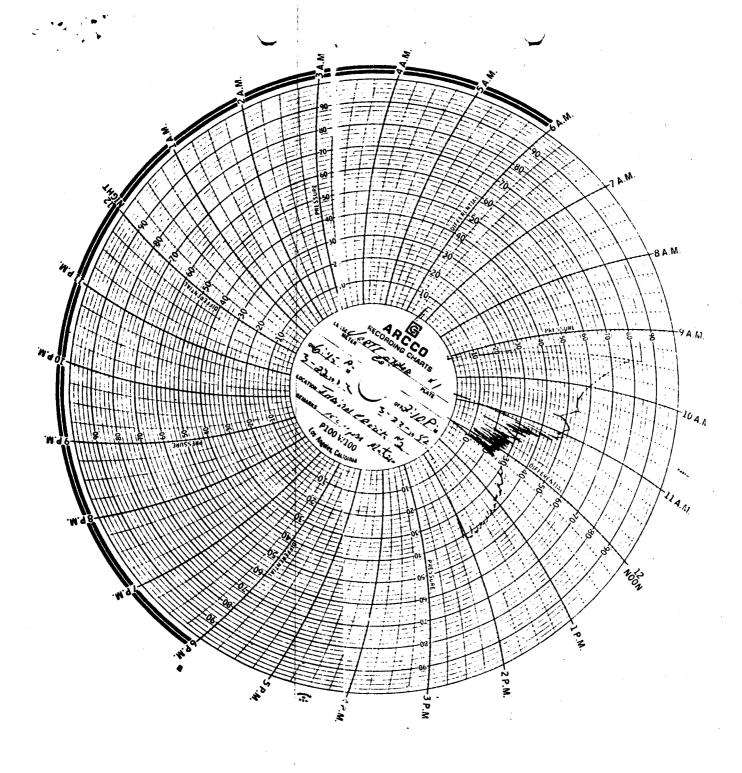
Cari Furse Clerk Typist

Gas gravity.700
Type Equipment used
Critical flow prover



Flow Rate MCF Per Day Absolute open flow 410 MCF

Mary Sund was to the was been



VORTT EXPLORATION COMPANY, INC.

OIL AND GAS

(817) 244-4201 P. O. Box 26089 2728 LAREDO DRIVE FORT WORTH, TEXAS 76116

April 23, 1982

STATE OF UTAH
Department of Natural Resources
Division of Oil, Gas & Mining
1588 West North Temple
Salt Lake City, Utah 84116

Re: Completion Report Indian Creek Unit 14176 #43-015-30091 Emery County, Utah

Gentlemen:

Enclosed kindly find duplicate completion reports covering the above referenced well, along with complete 4pt. test charts, TDT Log, and Dual Induction/Gamma Ray Log.

Please do not hesitate to contact me if I may furnish you with any further information.

Yours very truly,

VORIT EXPLORATION COMPANY, INC.

Georgia H. Vandervoort Vice-President, Land

GHV/mh Encl. as stated

MAY 1 4 1982

DIVISION 95 OIL, GAS & MINING

JL	Druc'	_4 :	
	(See ot)	ier	in-
	structio	ns	on
	reverse	sic	le)

Form approved. Budget Bureau No. 42-R355.5.

	DEPARTM GEO	ENT OF DLOGICAL		ERIOR	struct	cions on se side)	5. LEASE DESIGNA U-15202	TION AND SERIAL NO.
WELL CO	MPLETION O	R RECOMF	LETION R	EPORT A	AND LO	3 *	6. IF INDIAN, ALL	OTTHE OR TRIBE NAME
1a. TYPE OF WELL	C: OIL □	GAS WELL X	——————————————————————————————————————	Other			7. UNIT AGREEME	FT NAME
b. TYPE OF COMP	WELL L	J WELL LA	DRY LJ (otner			Indian Cre	ek Unit
NEW XX	WORK DEEP- C	PLUG BACK	DIFF. RESVR. [Other			8. FARM OR LEASI	
2. NAME OF OPERATO			2007111				14176	
	PLORATION COM	MPANY, INC	•		•		9. WELL NO.	
3. ADDRESS OF OPER							#1	
POBo	x 26089, For	t Worth, T	exas 76116	5			10. FIELD AND PO	OL, OR WILDCAT
	L (Report location cl		rdance with any	State require	emente)*		Wildcat	
At surface 33	86.96' FSL &	1766.84'	rdance with any FEL	JE				OR BLOCK AND SURVEY
At top prod. inte	erval reported below	same		V			1 A 44	4, TMS, R6E,
At total depth			5				SLB & M	
At total depth	same	ī	14. PERMIT NO.		ATE ISSUED		12. COUNTY OR	13. STATE
•			43-015-30	0091 l	10-19-81		PARISH Emery	Utah
5. DATE SPUDDED	16. DATE T.D. REACH	ED 17. DATE C					T, GR, ETC.) • 19.	BLEV. CARINGBEAD
8-27-81	10-04-81	03-24		80	000 ' GL-80	12'KB	i* প্র বিহী ⊾8i	002 × 2 = =
20. TOTAL DEPTH, MD	t TVD 21. PLUG, BA	CK T.D., MD & TVD	22. IF MULT	IPLE COMPL.,	23. INT	TWD DW	ROTARY TOOLS	CABLE TOOLS
5774 '	57	74'	HOW MA			→	0-5774	.0
24. PRODUCING INTER	VAL(S), OF THIS COM			D AND TVD)*			\$ 15 A P	25. WAS DIRECTIONAL SURVEY MADS
5668-568	34 2 SPF-3	3 holes-Fe	erron					
								No .
	ND OTHER LOGS RUN				환경 		27.	The state of the
Dual Inc	d/Gamma Ray,							No C
28.	WEIGHT, LB./FT.	CASING	RECORD (Repo	ert all strings		ENTING	RECORD	AMQUNG PULLED
10 3/4"	33#/ft	277	· /	3/4 "	Circulat			None
4 ½	10.5/ft	l .			100 sks.			None
4 3/4DC	1	5774					0 Pozmix	None
		-						
29.	LIN	ER RECORD			30.	7	TUBING RECORD	
SIZE	TOP (MD) BO	TTOM (MD) 84	CKS CEMENT*	SCREEN (MI			DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	11	5522	.5526
			1	,		l		
	ORD (Interval, size a		_	82.	ACID, SHOT		URE, CEMENT SQ	
	For Circulat	ion/Pos. I	Recovery		ERVAL (MD)		OUNT AND KIND OF	
5700-5701				5701-5				ks 50/50 Pozmix
5663 – 5664 ³		les Drodus	ation	<u>5664</u> 3		<u>Sq</u>	ueeze 100 sl	Apollo + 45 Tons
5668-5684	2 SPF/33 ho	tes-Projuu.	CLOII	5668-	0684	FT	$\frac{ac}{2} + 47,000$	he Sand
38.*		 	PROT	UCTION	1	1 00	2 + 41,000 .	ips. paries
DATE FIRST PRODUCT	ION PRODUCTION	ON METHOD (Flo	wing, gas lift, pu		and type of pur	np)		US (Producing or
WOPL	Flo	wing			1: N		shut-in)	S. I.
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS-M	CF.	WATER-BBL.	GAS-OIL BATIO
3-19-82	8 hrs.	20/64	TEST PERIOD	Tr.	117	7	0	Dry
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS	•	WATER-	_	GRAVITY-AFI (CORR.)
283	Packer		Tr.	41	0 MCF	(na
	AS (Sold, used for fue	, vented, etc.)				_	TEST WITNESSED	
Vented-To							Jim Davis	
35. LIST OF ATTACH		i the Chamb	, until t ^~	ד [ביות	ndizetion	/Camma	a Rav	
Complete	4 pt. Test w	d attached inco	rmation is comp	, DUGL 1	et as determin	ed from	all available record	
VO:	that the totegoing a	ON COMPAN	Y, INC	Desaiden				<i>4</i> -23-82

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 85.

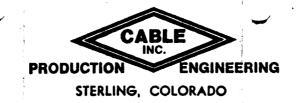
Hem 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State

Hem 122 and 24: If this relevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Hem 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 38. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional at a separate records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Hem 33: Submit a separate completion report on this form for each interval, to be separately produced. (See instruction for items 22 and 24 above.) or Federal office for specific instructions.

TRRS	TOP	EPTH TRUE VART. DEPTH	
GEOLOGIC MARKERS		MEAS. DEPTH	lst Black Hawk 320 Star Point 77 672 Upper Marcos 1166 Emery 3676 Ferron 5596
CLUDING 38.			L S T E S
BATS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING OPEN, FLOWING AND SHUT-IN PERSSURES, AND RECOVERIES	DESCRIPTION, CONTENTS, ETC.		Sand with Porous Streaks - Gas Zone of Completion 5668-5684
OSITE AND CONTE	BOTTOM		2684 2788 2788 2788 2788 2788 2788 2788 27
US ZONES: ANT ZONES OF POR ESTED, CUSHION I	TOP		2596
37. SUMMARY OF POROUS ZONES: 8HOW ALL IMPORTENES OF POROSITY AND CONTENTS THEREOF DEPTH INTERAL TESTED, CUSHION USED, TIME TOOL OFEN, FLOWIN	FORMATION		Ferron Sd.



lame of Co	mpany	VORTT	EXPLORAT	TON CO.				-		,
ield	Orang	e Ville	:			Date o	f Survey _	March	22-23, 19	982
County & St	ateE	mery, Ut	ah			BH Te	mp	118 •	F at	.5665 f
.ease & We	ll NoI	ndian Cr	eek 2-14-	176-1	•	Well S	hut In2	2:00P. M.	3-22	19_8
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2	0.329	1035	2 hr.	756	0
3	0.340	1069	3 "		
4	0.346	1088	4 "		
5	0.350	1101	5 "		
6	0.354	1114	6 "		
7	0.357	1123	8 "		
8	0.359	1129	10 "		
9	0.360	1133	12 "		
10	0.361	1136	14 "		
11	0.362	1139	16 "		
12	0.362	1139	18 "		
13	0.363	1142	20 "		
14	10.363	1142	22 "		
15	0.364	1145	24 "		
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	BUILDUP								
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STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING 1588 West North Temple Salt Lake City, Utah 84116

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Indi	an Creek 14176 #1		
Operator_Vortt Exploration	Co., Inc. Address P	. O. Box 26089, Fort Worth, TX 76	6116
Contractor Laredo Mfg. Co.	#8 Address D	uchesne, Utah	
Location SW 4 NE 4 Sec.	14 T. 17S	c. 6E County Emery	
<u>Water Sands</u>			,
<u>Depth</u>	<u>Volume</u>	Quality	
From To	Flow Rate or Head	Fresh or Salty	
1370 - 382	600 BPH	Fresh	
2			
3			
4.			
5.		nococcany	
Contin	ue of reverse side if	necessary j	
Formation Tops Lower Bla Starpoint		4	
Remarks			

- NOTE: (a) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure.
 - (b) If a water analysis has been made of the above reported zone, please forward a copy along with this form.

Scott M. Matheson, Governor Temple A. Reynolds, Executive Director Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

May 6, 1982

Vortt Exploration Company P. O. Box 26089 2728 Laredo Drive Fort Worth, Texas 76116

Re: Well No. Indian Creek 14176 #1
Sec. 14, T. 17S, R. 9E.
Emery County, Utah
(March- April 1982)
FINAL NOTICE

Gentlemen:

Our records indicate that you have not filed the monthly drilling reports for the months indicated above on the subject well.

Rule C-22, General Rules and Regulations and Rules of Practice and Procedure, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGC-1B, (U. S. Geological Survey Form 9-331) "Sundry Notices and Reports on Wells", or on company forms containing substantially the same information. We are enclosing forms for your convenience.

** If we do not hear from your office within fourteen days, this file will be turned over to the attorney at the Division of Oil, Gas, and Mining for legal action.

Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cari Furse Clerk Typist



Scott M. Matheson, Governor Temple A. Reynolds, Executive Director Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

May 6, 1982

Vortt Exploration Company P. O. Box 26089 2728 Laredo Drive Fort Worth, Texas 76116

Re: Well No. Indian Creek 14176 #1
Sec. 14, T. 17S, R. 9E.
Emery County, Utah
(March- April 1982)
FINAL NOTICE

Gentlemen:

Our records indicate that you have not filed the monthly drilling reports for the months indicated above on the subject well.

Rule C-22, General Rules and Regulations and Rules of Practice and Procedure, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGC-1B, (U. S. Geological Survey Form 9-331) "Sundry Notices and Reports on Wells", or on company forms containing substantially the same information. We are enclosing forms for your convenience.

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Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cari Furse Clerk Typist

Board/Charles R. Henderson, Chairman Robert R. Norman

1 MS LINE O

toard/Charles R. Henderson, Chairman • John L. Beli • E. Steele Mantyre • Edward T. Beck Robert R. Norman • Margaret R. Bird • Herm Olsen an equal opportunity employer • please recycle paper FORM NO. DOGM-UIC-7

STATE OF UTAH DIVISION OF OIL, GAS, AND MINING Room 4241 State Office Building Salt Lake City, Utah 84114

RECEIVED

AUG 08 1986

RULE I-9

NOTICE OF TRANSFER OF OWNERSHIP

GAS & MINING 081906

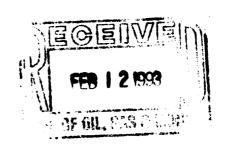
(

Classification of Well Transfered:	Gas We11 X Disposal Well □	_	very Injection Well 🗆
Name of Present Operator	xploration Company,	Inc.	
AddressP. O. Box 26089, Ft.	Worth, TX 76116	·	
•			
Well Being Transferred:			
Name: <u>Indian Creek 14176</u>	43015 300	91	
Location: Sec. 14 SW/4 Twp. 17S	Rng6ECo	unty Emery	
Order No. Authorizing Injection N/A			_
Zone Injected Into: N/A			
Effective Date of Transfer February	y 1, 1986		
			•
	Sig	nature	
	Da	te	
Name of New OperatorSouth1a	and Royalty Company		
Address P.O. Box 1855, Billings	, MT 59103-1855		
•		W& Bran	0
	Sig	nature of New Operator	PRODUCTION SUPERINTENDE
·	 Da	August 6, 1986	
	50		
FOR DOGM USE ONLY It is acknowledged by the Divided is the new operator of the abundance to inject fluids as 2. not inject fluids until after	ove-named well and ma s authorized by Order No	ay:	
Signature	Date .		

MERIDIAN OIL

February 9, 1993

State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203



Attention: Don Staley - Administrative Manager, Oil and Gas

Dear Mr. Staley:

Enclosed please find the Annual Status Report of Shut-in wells as follows:

Indian Creek Unit 14176 #2
Navajo Federal 43-5
Navajo Federal 41-5
Hatch Point Federal 27-1A

43-015-30091 Sec. 14 175, 65

If you require any further information, please call me at (303) 930-9435.

Sincerely,

Genny Natvig

Operations Assistant

Genny Nature

cc: Maralene Spawn

Enc.

STATE OF UTAH DIVISION OF OIL, GAS AND MINING

	S. LEASE DESIGNATION & SERIAL NO.
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plug b. Use "APPLICATION FOR PERMIT—" for suc	ack to a different reservoir. N/A
I. OIL GAS OTHER	7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Southland Royalty Company c/o Meridian C	il Inc. Indian Creek Unit 14176
5613 DTC Parkway, Englewood, CO 80111	#2 #/
4. LOCATION OF WELL (Report location clearly and in accordance with any State required see also space 17 below.) At surface	Ferron
At proposed prod. zone	11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA
SWNE, 3387' FSL & 1767' FEL	Sec. 14, T17S-R06E
14. APT NO. 15. ELEVATIONS (Show whether Dit 43-015-30091	F. RT. GR. etc.) 12 COUNTY 13. ST. CTE Emery UTAH
16. Check Appropriate Box To Indicate N	ature of Notice, Report or Other Data Annual Status Report
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING
SHOOT OR ACIDIZE ABANDON	SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other) Annual Status Report x
(Other)	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
APPROX. DATE WORK WILL START	DATE OF COMPLETION
	tate all persinent details, and give perfinent dates, including estimated date of ace locations and measured and true vertical depths for all markers and zones
ANNUAL STATUS REPORT	* Must be accompanied by a cement verification report.
Well Shut-in 3/1/89 - Uneconomical	FEB I 2 1993
18. I hereby certify that the foregoing is true and correct Herebythe nature	
SIGNED Genevieve Natvig TITLE Op	erations Assistant DATE February 9, 1993
(This space for Federal or State office use)	

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

MERIDIAN OIL

February 8, 1996

State of Utah Division of Oil, Gas & Mining 3 Triad Center, Ste. 350 Salt Lake City, Utah 84180-1203

Re: Change of Operator

Gentlemen:

Enclosed please find copies of the Change of Operator sundries that were filed with the Bureau of Land Management, Moab, Utah for the following:

Well Name	<u>Location</u>	<u>API #</u>	<u>County</u>
Indian Creek #1	SWNW 2-T17S-R6E	43-015-30082	Emery
Indian Creek #3	SWSW 2-T17S-R6E	43-015-30175	Emery
Indian Creek #5	SENE 10-T17S-R6E	43-015-30117	Emery
#14176 # 1 — Indian Creek #2	SWNE 14-T17S-R6E	43-015-30091	Emery
E. Canyon Unit #3	NWSE 18-T16S-R25E	43-019-16203	Grand

If you should have any questions, please contact the undersigned at (303) 930-9407.

Sincerely,

MERIDIAN OIL, INC.

Jorganie Mitchell
Regulatory Assistant

CDH/

Enclosures

Form 3150-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires March 31, 1993

5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or re-entry to a different reservoir.

Lise "APPLICATION FOR PERMIT." for such proposals

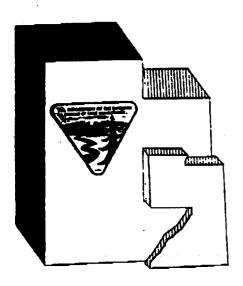
FEDERAL UTU15202

Use "APPLICATION FOR PERMIT-" for such proposals.		6. If Indian, Allottee or Tribe Name N/A
SUBMIT IN	TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well		N/A
	Well Other	
2. Name of Operator		8. Well Name and No.
MERIDIAN OIL INC.	•	1 INDIAN CREEK 14126 /#2
3 Address and Telephone No.	(303)930-9393	9. API Well No.
5613 DTC PARKWAY, STE. 1000, P.O. BOX	K 3209, ENGLEWOOD, CO 80155-3209	43-015-3009100
4. Location of Well (Footage, Sec., T., R., M	., or Survey Description)	10. Field and Pool, or Exploratory Area
3387' FSL, 1767' FEL		FERRON/FERRON
SWNE SEC. 14-T17S-R6E		11. County or Parish, State
	•	EMERY, UT
12. CHECK APPROPRIATE BOX	X(s) TO INDICATE NATURE OF NO	OTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	_ (YPE OF ACTION
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection
	X Other CHANGE OF OPERATOR/SELF CERTIFICATION	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)
 Described Proposed or Completed Operations (Clework. If well is directionally drilled, give subsurface) 		dates including estimated date of starting any proposed as for all markers and zones pertinent to this work.)*
		TION 14-T17S-R6E; LEASE UTU15202; EMERY

CONSIDERED TO BE THE OPERATOR OF 1 INDIAN CREEK; SWNE SECTION 14-T17S-R6E; LEASE UTU15202; EMERY COUNTY, UTAH, AND IS RESPONSIBLE UNDER THE TERMS AND CONDITIONS OF THE LEASE FOR THE OPERATIONS CONDUCTED UPON THE LEASED LANDS. BOND COVERAGE IS PROVIDED BY NATIONWIDE BOND MT-0719. SOUTHLAND ROYALTY CO. WAS THE PRIOR OPERATOR OF RECORD.

. Ca		FEB 9 1996
14. I hereby certify that the foregoing is true and correspond Signed Signed EILEEN DANNI DEY	REGULATORY COMPLIANCE ADMINISTRATOR	Date <u>1/18/96</u>
(This space for Federal or State office use)		
Approved By Condition of Approval, If any:	Title Date	· · · · · · · · · · · · · · · · · · ·
Title 181'S C. Section 1001, makes it a crime for any nerson k	nothingly and willfully to make to any department or agence	y of the United States

any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.



FAX TRANSMITTAL MOAB DISTRICT OFFICE

	4
TO:	Disha
FROM:	Dellen
SUBJECT:_	Designation of operator sees of Record title owner
	PAGES: 12
DATE:	2/14/96
TIME:	HP.n.
FAX MACH	INE NO.:
COMMENTS	

UT-060-1542-1 (October 1991) FORM 8-1123

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO .: U-15202

and hereby designates

MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable);

> T17S-R6E Sec. 12: Ex

Sec. 13: All

Sec. 14: Lots 1-4, N2, SE%

Sec. 15: Lots 1-12, NE%.

Sec. 17: Ex

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

MANES T. S. WELBORN, TRUSTEE of the

ANNA MAE WELBORN TRUST

1500 Broadway, Suite 1212, Lubbock, TX

(Add(-a)

STREETS, CAPPER

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO.: U-15202

and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe screage to which this designation is applicable):

> T17S-R6E Sec. 12: E Sec. 13: All

Sec. 14: Lots 1-4, Nz, SEx

Sec. 15: Lots 1-12, NE%

Sec. 17: 1/2

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this design nation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

VORTT EXPLORATION COMPANY, INC.

P. O. Box 26089

Fort Worth, TX 76116

FEB-16-96 FRI 17:04

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO.: U-15202

and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable):

> T175-R6E Sec. 12: E's Sec. 13: A11

Sec. 14: Lots 1-4, N2, SE%

Sec. 15: Lots 1-12, NE%

Sec. 17: E

It is understood that this designation of operator does not relieve the lesses of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

M. WELBORN, Individually & as Trustee

for the ANNA MAE WELBORN TRUST 1500 Broadway, Suite 1212

Lubbock, TX (Addres)

79401

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO .: U-15202

and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe screage to which this designation is applicable):

T17S-R6E

Sec. 12: E4

Sec. 13: All

Sec. 14: Lots 1-4, Nz, SEX

Sec. 15: Lots 1-12, NE%

Sec. 17: Es

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

1500 Broadway, Suite 1212

Lubbock, TX 79401

(Addras)

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO.: U-15202

and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable):

> T175-R6E Sec. 12: E2

Sec. 13: All

Sec. 14: Lots 1-4, N2, SE4 Sec. 15: Lots 1-12, NEG

Sec. 17: Ex

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

ENTERPRISE GAS COMPANY

P. O. Box 4324

Houston, TX 77210

(e=144.5)

Form 3160-8

(Submit in triplicate to appropriate **BLM** District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

Utah

SERIAL NO.:

U-15202

and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS:

5613 DTC Parkway

Englewood, CO 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

	-R6E,		
Sec.	72:	E72	
Sec.	13:	ITA	
Ó	74-	1 _1 _	٩

Sec. 14: Lots 1-4, N/2, SE/4

Sec. 15: Lots 1-12, NE/4

Sec. 17: E/2

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

SOUTHLAND ROYALTY COMPANY

Ivan E. Kercher, Attorney-in-fact

5613 DTC Parkway

Englewood, CO 80111

July 17, 1987

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does not require OMB approval.

AINIPES'S, CAPPER

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lesse

DISTRICT LAND OFFICE: UTAH SERIAL No.: U-15202

and hereby designates

NAME: MERIDIAN OIL INC.

ADDRESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable):

> T175-R6E Sec. 12: E3 Sec. 13: All Sec. 14: Lots 1-4, N, SE Sec. 15: Lots 1-12, NE% Sec. 17: E3

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

· The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

AH OIL & GAS PARTNERSHIP Dairy Queens of West Texas Inc. Dairy Queens of Taylor County, Inc.

P. O. Box 2107 July 17, 1987 Fort Worth, TX...76101......

~~~! # CL'N, CAPPE#

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

## DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO .: U-15202

## and hereby designates

NAME:

MERIDIAN OIL INC.

ADDRESS:

5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe screage to which this designation is applicable):

> T175~R6E Sec. 12: E Sec. 13: A11 Sec. 14: Lots 1-4, N2, SE4 Sec. 15: Lots 1-12, NE% Sec. 17: Ex

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

HAO OIL & GAS, a Texas Joint Venture

3450 West Vickery Blvd. Fort Worth, TX 76107

Form 3160-8 (November 1983) (Formerly 9-1123) (Submit in triplicate to appropriate **BLM** District Office)

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

## **DESIGNATION OF OPERATOR**

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

Utah

SERIAL NO.:

U-15202

## and hereby designates

NAME-

MERIDIAN OIL INC.

5613 DTC Parkway

ADDRESS:

Englewood, CO 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

|      | -R6E, |            |      |      |      |
|------|-------|------------|------|------|------|
| Sec. | 12:   | <b>E/2</b> |      |      |      |
| Sec. | 13:   | TTA        |      |      |      |
| Sec. | 14:   | Lots       | 1-4. | N/2. | SE/4 |
|      |       | Lots       |      |      |      |
|      |       | E/2        |      |      |      |

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

MERIDIAN OIL PRODUCTION INC.

(Signature of leasee)

Ivan E. Kercher, Attorney-in-fact

5613 DTC Parkway

Englewood, CO 80111

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does not require OMB approval.

July 17, 1987

(Date)

Form 9-1123 

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

### DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO .: U-15202

#### and hereby designates

NAME:

MERIDIAN OIL INC.

ADORESS: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable):

> T175-R6E Sec. 12: E Sec. 13: A11

Sec. 14: Lots 1-4, N2, SEL

Sec. 15: Lots 1-12, NE%

Sec. 17; E⅓

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Oil and Gas Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease,

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

. The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

ROD A. MARKHAM

1500 Broadway, Suite 1212

Lubbock, TX 79401

(Address)

Form 9-1111

(Submit in Triplicate)

SUPERVISOR, OIL AND GAS OPERATIONS:

### DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of oil and gas lease

DISTRICT LAND OFFICE: UTAH SERIAL NO.: U-15202

#### and hereby designates

NAME:

MERIDIAN OIL INC.

Adoress: 5613 D.T.C. Parkway, 10th Floor

Englewood, Colorado 80111

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to (describe acreage to which this designation is applicable):

T175-R6E

Sec. 12: E

Sec. 13: All

Sec. 14: Lots 1-4, Ni, SE4

Sec. 15: Lots 1-12, NE's

Sec. 17: 15

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· The lessee agrees promptly to notify the oil and gas supervisor of any change in the designated operator.

R. C. JOHNSON, JR.

1500 Broadway, Suite 1300

Lubbock, TX 79401

| •                                                       |                                                         | •                                                    |
|---------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| Form 3160-5 UN                                          | NITED STATES                                            | FORM APPROVED                                        |
| (June 1990) DEPARTM                                     | ENT OF THE INTERIOR FEE 2 4 19                          | Budget Bureau No. 1004-0135                          |
|                                                         | LAND MANAGEMENT                                         | Expires March 31, 1993                               |
|                                                         |                                                         | 5. Lease Designation and Serial No.                  |
| SUNDRY NOTICE                                           | S AND REPORTS ON WELLS                                  | UTU15202                                             |
| Do not use this form for proposals to drill or to       | deepen or re-entry to a different reservoir.            |                                                      |
| Use "APPLICATION FOR P                                  | ERMIT-" for such proposals.                             | 6. If Indian, Allottee or Tribe Name                 |
|                                                         |                                                         | N/A                                                  |
| SUBMIT IN                                               | TRIPLICATE                                              | 7. If Unit or CA, Agreement Designation              |
| 1. Type of Well                                         |                                                         | N/A                                                  |
| Oil Well X Gas V                                        | Vell Other                                              |                                                      |
| 2. Name of Operator                                     |                                                         | 8. Well Name and No.                                 |
| SOUTHLAND ROYALTY CO.                                   |                                                         | 1 INDIAN CREEK                                       |
| 3. Address and Telephone No.                            | (303)930-9393                                           | 9. API Well No.                                      |
| 5613 DTC Parkway, Ste. 1000, P.O. Box 3                 | 209, Englewood, CO 80155-3209                           | 43-015-3009100                                       |
| 4. Location of Well (Footage, Sec., T., R., M.,         |                                                         | 10. Field and Pool, or Exploratory Area              |
|                                                         | • •                                                     | FERRON/FERRON                                        |
| 3387' FSL, 1767' FEL (SW NE) Sec. 14-T                  | 17S-R6E                                                 | 11. County or Parish, State                          |
| ,                                                       |                                                         | EMERY, UTAH                                          |
| 12. CHECK APPROPRIATE BOX                               | (s) TO INDICATE NATURE OF NOTICE                        |                                                      |
| TYPE OF SUBMISSION                                      |                                                         | OF ACTION                                            |
|                                                         |                                                         |                                                      |
| Notice of Intent                                        | Abandonment                                             | Change of Plans                                      |
| <del></del>                                             |                                                         |                                                      |
|                                                         | Recompletion                                            | New Construction                                     |
|                                                         |                                                         |                                                      |
| X Subsequent Report                                     | Plugging Back                                           | Non-Routine Fracturing                               |
| ;                                                       |                                                         |                                                      |
|                                                         | Casing Repair                                           | Water Shut-Off                                       |
|                                                         |                                                         |                                                      |
| Final Abandonment Notice                                | Altering Casing                                         | Conversion to Injection                              |
| · ·                                                     | X Other Change of                                       | Diamora Water                                        |
|                                                         | X Other Change of Operator                              | Dispose Water                                        |
|                                                         | Operator                                                | (Note: Report results of multiple completion on Well |
| :                                                       |                                                         | Completion or Recompletion Report and Log form.)     |
|                                                         |                                                         |                                                      |
| 13. Described Proposed or Completed Operations (Clear   |                                                         |                                                      |
| work. If well is directionally drilled, give subsurface | e locations and measured and true vertical depths for a | in markers and zones perunent to this work.          |
| Effective 1/2/96, please be advised that So             | outhland Royalty Co. is no longer the op-               | erator of the subject well. The new operator is      |
|                                                         |                                                         | s of the lease for the operations conducted upon     |
| the leased lands.                                       | •                                                       | •                                                    |
|                                                         |                                                         |                                                      |
|                                                         |                                                         |                                                      |
|                                                         |                                                         |                                                      |
| 14. I hereby certify that the foregoing is true an      | d correct.                                              |                                                      |
| () 1                                                    |                                                         |                                                      |
| Signed Ellan Dami beyon                                 | Title Regulatory Compliance Administrator               | Date February 16, 1996                               |
| Eileen Danni Dey                                        |                                                         |                                                      |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

\_ Date \_

\_ Title \_

(This space for Federal or State office use)

Approved By

Condition of Approval, If any:

### United States Department of the Interior

### BUREAU OF LAND MANAGEMENT

FEB 2 6 1996

Utah State Office P.O. Box 45155 Salt Lake City, Utah 84145-0155

IN REFLY REFER TO: 3100 SI-071010C et al (UT-923)

FEB 2 3 1996

#### NOTICE

Meridian Oil Inc. 801 Cherry Street, Suite 200 Fort Worth, Texas 76102-6842 Oil and Gas

SL-071010C et al

\_

### Merger Recognized

Acceptable evidence has been filed in this office concerning the merger of El Paso Production Company, Meridian Oil Production Inc., and Southland Royalty Company into Meridian Oil Inc. with Meridian Oil Inc. being the surviving entity.

For our purposes, the merger is recognized effective January 4, 1996 (Secretary of State's approval date).

The oil and gas lease files identified on the enclosed exhibit have been noted as to the merger. We are notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

If you identify leases in which the merging entities maintain an interest, please contact this office and we will appropriately document those files with a copy of this notice.

The following lease files contain no information that the above entities hold interest in them: U-02981, U-02992, U-02992A, and U-3008A.

All of the entities, including the surviving entity, are covered in their leasing obligations by Nationwide Bond No. 400IA9059 (BIM Bond No. MT0719).

Chief, Branch of Mineral Leasing Adjudication

Enclosure

Exhibit (1p)

bc: State of Utah, Division of Oil, Gas & Mining, Attn: Lisha Cordova, a 3 Triad Center, Suite 350, Salt Lake City, Utah 84180-1204

MMS-Data Management Division, MS 3113, P.O. Box 5860, Denver, CO 80217

Moab District Office
Vernal District Office
Teresa Thompson (UT-920)

Irene Anderson (UT-923)

### Exhibit of Leases

| SL-071010C | U-04049  | U-17024     |
|------------|----------|-------------|
| SL-071595  | U-04049A | U-17623     |
| U-0681     | U-05059  | U-24606     |
| U-0683     | U-08107  | U-39832     |
| U-0684     | U-062420 | U-40544 ROW |
| U-0685     | U-8894A  | U-45929     |
| U-0719     | U-8895A  | U-51045     |
| U-0725     | U-8897A  | U-51046     |
| U-0737     | U-15202  | U-51047     |
| U-0741     | U-15203  | U-56932     |
| U-0744     | U-15204  | U-56933     |
| U-03333    | U-16962A | U-56934     |

| Division of Oil, Gas and Mining OPERATOR CHANGE HORKSHEET                                                                                                                                                          | Roul og:                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Attach all documentation received by the division regarding this change. Initial each listed item when completed. Write N/A if item is not applicable.                                                             | 2.PT 8-FILE<br>3-VLD<br>4-R.JV                                                              |
| XXX Change of Operator (well sold) ☐ Designation of Agent ☐ Operator Name Change Only                                                                                                                              | 5-IS-                                                                                       |
| The operator of the well(s) listed below has changed (EFFECTIVE DATE: $1-2-96$                                                                                                                                     | )                                                                                           |
| GEORGANNE MITCHELL MARALENE S                                                                                                                                                                                      | CO 80155-3209<br>SPAWN<br>B) 930-9419                                                       |
| <b>*EAST MOUNTAIN UNIT</b> <pre>Well(s) (attach additional page if needed):</pre>                                                                                                                                  |                                                                                             |
| Name: *INDIAN CREEK #1/FRSD                                                                                                                                                                                        | Lease Type: U-15204 Lease Type: U-15203 Lease Type: U-15202 Lease Type: U-05059 Lease Type: |
| OPERATOR CHANGE DOCUMENTATION                                                                                                                                                                                      |                                                                                             |
| Acc 1. (Rule R615-8-10) Sundry or other <u>legal</u> documentation has been received operator (Attach to this form). (kg. 2-16-96) (Red 2-20-96)                                                                   | ved from <u>former</u>                                                                      |
| fec2. (Rule R615-8-10) Sundry or other <u>legal</u> documentation has been received from (Attach to this form). (Rect 2-9-96)                                                                                      | rom <u>new</u> operator                                                                     |
| NA 3. The Department of Commerce has been contacted if the new operator above operating any wells in Utah. Is company registered with the state? (ye yes, show company file number:                                | is not currently<br>es/no) If                                                               |
| (attach Telephone Documentation Form to this report). Make note of comments section of this form. Management review of Federal and India changes should take place prior to completion of steps 5 through 9 below. | BLM status in<br>n well operator                                                            |
| 5. Changes have been entered in the Oil and Gas Information System (Wang/IBI                                                                                                                                       | d) for each well                                                                            |
| listed above. (2-20-96)  Let 6. Cardex file has been updated for each well listed above. (2-20-96)                                                                                                                 |                                                                                             |
| Lec7. Well file labels have been updated for each well listed above. (2-2096)                                                                                                                                      |                                                                                             |
| for distribution to State Lands and the Tax Commission. (22096)                                                                                                                                                    | nt Changes" memo                                                                            |
| 9. A folder has been set up for the Operator Change file, and a copy of the placed there for reference during routing and processing of the original                                                               | is page has been<br>documents.                                                              |

| OPERATOR      | CHANGE WORKSHEET (CONTINUED) Initial each item when completed. Write N/A if item is not applicable.                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lec 1.        | (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) (If entity assignments were changed, attach copies of Form 6, Entity Action Form).  State Lands and the Tax Commission have been notified through normal procedures of entity changes.                                                                                                                                                                                               |
| <u>N</u> A 2. | ERIFICATION (Fee wells only) Trest lands hamin. 25,000 Stelevide  (Trust will neview st. wells assoc. w/meridian and reg. increase to 80,000 if applicable)  (Rule R615-3-1) The new operator of any fee lease well listed above has furnished a proper bond.  A copy of this form has been placed in the new and former operators' bond files.  The former operator has requested a release of liability from their bond (yes/no)  Today's date 19 If yes, division response was made by letter dated 19 |
| M/A-1.        | (Rule R615-2-10) The former operator/lessee of any fee lease well listed above has been notified by letter dated                                                                                                                                                                                                                                                                                                                                                                                          |
| FILMIN        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | <u>Copies</u> of all attachments to this form have been filed in each well file.  The <u>original</u> of this form and the <u>original</u> attachments have been filed in the Operator Change file.                                                                                                                                                                                                                                                                                                       |
|               | Blm/meeb Meridian Open. "E. Mm. Unit" eff. 8/87, P.A. eff. 10/87.  Blm/meeb Meridian Open. #1/43-015-30091 eff. 7/87.  Blm/meeb Aprv. 33-18/43-019-16203 29-96.  Southland & Meridian never reg. open change until now. Southland has reported prod. & disp. to Dobm since 1987 & both openators have reported to mms.                                                                                                                                                                                    |

# ATE OF UTAH

| E-jiÁW 8                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ι ,                                                                                           | DIVISION OF OIL, GAS AND MININ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5. Lease Designation and Serial Number:              |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UTU-15202                                            |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. If Indian, Allottee or Tribe Name:                |
| CHNDRY                                                                                        | NOTICES AND REPORTS C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n/a                                                  |
| SUNDITI                                                                                       | Process FO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Character for the property of the party of t | 7. Unit Agreement Name:                              |
| The mast uses this form for DFDDDD                                                            | pale to drill new wells, deepen existing wells) or to the new control of the rest of the r | pluopsid and atlandoned wells.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - 40 -                                               |
| Use APPLK                                                                                     | CATION FOR PERMIT TO DRILL OR DEEPEN JOHN TO SEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPROPRIATE STANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8. Well Name and Number:                             |
| 1. Type of Well: OIL GAS                                                                      | 11185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R 2 9 1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Indian Creek #1                                      |
| ,paris                                                                                        | 1117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N Z 9 1990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9. API Well Number:                                  |
| 2. Name of Operator:                                                                          | d second  | The start stage of the start of | 43-015-30091                                         |
| Meridian Oil, Inc.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5) G930-9485                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. Field and Pool, or Wildcat:                      |
| 3. Address and Telephone Number:                                                              | The state of the s | N. T. W. St. St. St. St. St. St. St. St. St. St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ferron/Ferron                                        |
| 5613 DIC Parkway,                                                                             | Ste. 1000, Englewood, CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| 4. Location of Well                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | county: Emery                                        |
| Footages: 3387 FSL, ]                                                                         | L767' FEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: IItah                                         |
| QQ, Sec.,T.,R.,M.: SWINE Sec.                                                                 | 14_T17S_R6E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: Utah                                          |
| SWIND DCC.                                                                                    | PRIATE BOXES TO INDICATE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ATURE OF NOTICE, REP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ORT, OR OTHER DATA                                   |
| 11. CHECK APPRO                                                                               | PRIATE BOXES TO INDICATE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ATURE OF HOTIOL, HE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EQUENT REPORT                                        |
|                                                                                               | CE OF INTENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Subs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | alt Original Form Only)                              |
| (Sub                                                                                          | mit in Duplicate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ New Construction                                   |
| Abandon                                                                                       | New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Abandon *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pull or Alter Casing                                 |
| ☐ Repair Casing                                                                               | Pull or Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □ Repair Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Reperforate                                        |
| ☐ Change of Plans                                                                             | ☐ Recomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Change of Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del> :                                       |
| ☐ Convert to Injection                                                                        | ☐ Reperforate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Vent or Flare ☐ Water Shut-Off                     |
| ☐ Fracture Treat or Acidize                                                                   | ☐ Vent or Flare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Fracture Treat or Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Water Stidt-Oil                                    |
| ☐ Multiple Completion                                                                         | ☐ Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| Other                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6 7/16/94                                            |
|                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of work completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| Approximate date work will start                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Report results of Multiple Completion COMPLETION OR RECOMPLETION F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne and Recompletions to different reservoirs on WELL |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Must be accompanied by a cement w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |
| 12. DESCRIBE PROPOSED OR COMPLETE vertical depths for all markers and zone  Please see attach |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| 13.  Name & Signature:  Bit CC  (This space for State use only)                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title: Sr. Req. (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                    |
| (This space for State use ONN)                                                                | thew tehn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | teum Engme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er 4/3/96                                            |

### 1 INDIAN CREEK UNIT

FERRON FIELD

DP No:

19933A

**COUNTY:** EMERY

SWNW SEC 2-T17S-R6E

LOCATION: Y257 AFE AMOUNT: AFE No:

PROJECT DESCRIPTION: REPAIR CSG

STATE: UTAH

SUPERVISOR: JAMES R. ARMENTROUT

AFE TYPE: 18

| DATE:   | 06/21/94 | DAILY COST:         | \$2,700 |
|---------|----------|---------------------|---------|
| DAY NO: |          | TOTAL COST TO DATE: | \$2,700 |

07:00 - 20:30 13.50

SI CSG PRESS OF #500. SI TBG PRESS OF #500. OPERATOR PUT WELL ON LINE TO PULL DWN WELL. CSG AND TBG DWN TO #145. SI WELL. CSG WENT TO #215 IN 7 MIN., TBG GAINED #10. IN ATTEMPTS TO UNLOAD WELL, OPERATOR HAS PUT #750 ON CSG WITH NO FLOW FROM TBG. PUT #750 ON TBG WITH NO FLOW FROM CSG. LARGE AMOUNTS OF SOAP HAVE BEEN ADDED TO WELL WITH NO RESULTS. GRAY MATERIAL ON WELLHEAD FROM LAST TIME WELL WAS ABLE TO BE UNLOADED IS A VERY FINE GRAY POWDER ( APPEARS TO ABOUT THE SAME KIND OF GRAY MATERIAL AS WESTSIDE CANAL IN WYOMING ) MI 400 BBL TANK AND BOP'S. RIG DWN WITH MULTIPLE BLOW OUTS ON TIRES. RIG ARRIVAL IN PRICE UTAH AT 20:00 HRS. MI RU NEXT AM.

|                    |        |          |                                                                                                                                                                                              | ·                  |
|--------------------|--------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| DATE:<br>DAY NO:   | 06/22, | /94<br>2 | DAILY COST:<br>TOTAL COST TO DATE:                                                                                                                                                           | \$3,257<br>\$5,957 |
| 07:00 -<br>09:30 - |        |          | ROAD RIG FROM PRICE, UTAH TO LOCATION.<br>SPOT RIG. WELL FLOWING THRU THE NIGHT AT<br>THAN 10 MCF/D. CSG PRESS- #135. TBG PRES<br>#130. SI WELL AT 09:45.                                    | LESS<br>S-         |
| 09:45 -<br>10:30 - |        |          | RUN HARD LINE TO TANK FROM CSG.  OPEN CSG TO TANK. 45 MIN SI- #190. RU RI  CONTINUE TO VENT CSG.                                                                                             | G.                 |
| 11:15 -            | 11:45  | 0.50     | RU SWAB. CSG CONTINUES TO VENT HEAVILY. RECORDABLE PRESS. SWAB MANDRIL- 1.8655". SEATING NIPPLE- 1.785". CSG MISTING SOME FLUID.                                                             |                    |
| 11:45 -            | 13:00  | 1.25     | RIH WITH SWAB, SINGLE CUP. TAG FLUID AT 4000'. 1634' OVER TOP PERFS AT 5634'. MA RUNS. SWABBED OUT SOME CONDENSATE AND WATEG WENT ON VAC AFTER SWAB RUNS.                                    | DE 2<br>TER.       |
| 13:00 -<br>14:30 - |        |          | CALL IN. SWAB WELL. CSG BLOWING HARDER. PULL FROM 5500' TAG SEATING NIPPLE. 1ST RUN TAG 4000'. SI CSG. GRAY FLUID. SAMPLES.                                                                  | CATCH              |
|                    |        |          | 2ND RUN TAG 4130' CUM BBLS- 3.34. CSG- #3RD RUN TAG 4130' CSG- #90 FLUID VOLUME WELL WITH 1504' OVER TOP PERFS- 21.5 BBL 4TH RUN TAG 4130' CSG- #212 CUM BBLS- 135TH RUN TAG 4130' CSG- #260 | IN<br>JS.          |

### 1 INDIAN CREEK UNIT

#### FERRON FIELD

6TH RUN TAG 4130' CSG- #285 CUM BBLS- 18.37
7TH RUN TAG 4130' CSG- #345
8TH RUN TAG 4130' CSG- #360 CUM BBLS- 25.05
3.5 BBLS OVER HOLE VOLUME.
9TH RUN TAG 4130' CSG- #360
10TH RUN TAG 4130' CSG- #375 CUM BBLS- 35.07
VERY LITTLE GAS DURING SWABBING. 35.07 BBLS
IN 3.5 HRS WITH NO EFFECT ON FLUID LEVEL.
SIFN. FLUID SAMPLE ON LAST RUN SHOWED SLIGHT
TRACES OF HEAVIER, LARGER SAND AT THE END OF
RUN. SIFN.

| DATE:<br>DAY NO: | 06/23 | /94<br>3 | <b>DAILY COST:</b> \$4,706 <b>TOTAL COST TO DATE:</b> \$10,663                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07:00 -          |       |          | CSG PRESS- #410, TBG PRESS- #40. RIH AND TAG FLUID AT 4000'. 1634' OF FLUID OVER TOP PERFS. WEIGHED SWAB FLUID- #8.2. HYDOSTATIC HEAD OF #697, PLUS #410 SI PRESS EQUALS BHP OF #1107. MAX PRESS OF WELL ON LAST SHUT IN OF #500, BHP OF #1197. WEIGHED 2% KCL- #8.6. HYDROSTATIC HEAD OF FLUID IN WELL PLUS 1500' OF KCL EQUALS #1368. FUNCTION TEST BOP'S ON GROUND. RU PUMP. DISPLACMENT OF 5560' OF TBG IS 8.9 BBLS. FILL HOLE ON TRIP AT 1 BBL PER 618'( 10 STDS) BLOW DWN CSG. |
| 11:30 -          | 11:45 | 0.25     | PUMP 6 BBLS DWN TBG, 16 BBLS DWN CSG. BOTH ON VAC.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11:45 -          | 15:00 | 3.25     | NU BOP'S. WELL GASSING IN 15 MIN, BLOWING IN 30 MIN. PUMP 23 BBLS DWN CSG. WELL GASSING IN 10 MIN, NO STRONG BLOW. RU TO TRIP. WELL BLOWING 10' TO 12' GAS COLUMN ABOVE FLOOR IN A MILD WIND. SI. 33 BBLS OF KCL REMAINING IN TANK. SIFN.                                                                                                                                                                                                                                            |

| DATE:   | 06/24/94 | DAILY COST: TOTAL COST TO DATE: | \$4,879  |
|---------|----------|---------------------------------|----------|
| DAY NO: | 4        |                                 | \$15,542 |
|         |          | Wasan Wasan                     | ~~~      |

UNLOAD KCL, HYDRIL. TBG PRESS- #320, CSG 07:00 - 10:45 3.75 PRESS- #430. BLOW DWN TBG, CSG DROPPED TO #400 AND HELD WHILE RU HYDRIL AND FLOOR. EST 58 BBLS TO CIRC AROUND WITH A 4000' FLUID LEVEL. HOLE VOLUME FROM BOTTOM OF TBG AT 5550' IS 80 BBLS. BLOW DWN CSG. RU TO PUMP DWN TBG. PUMPED 84 BBLS DWN TBG WITH NO CHANGE IN CSG. NO PRESS ON TBG WHILE PUMPING. CSG STILL BLOWING. SHUT DWN PUMP, TBG ON VAC. FOR JUST A FEW MINUTES. PUMP 16 BBLS DWN CSG AND BEGIN PUMPING AT 1/4 BBL/MIN DWN CSG. RU CABLE SPOOL. POUR 5 GALLONS PAINT/DIESEL 10:45 - 11:15 0.50 DWN TBG. TOOH WITH TBG AND INJ. STRING. WELL NOT 1.50 11:15 - 12:45 GASSING. STRG. WEIGHT- #20,000. NO DRAG.

| 1 INDIAN CREEK                 | UNIT     | FERRON FIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12:45 - 15:00<br>15:00 - 17:15 |          | STRIP ON STRIPPING HEAD. SHUT DWN PUMP.  PUMPED A TOTAL OF 112 BBLS. 28 BBLS DURING  TRIP OF INJ. LINE. TTOH WITH REMAINDER OF  TBG. WELL GASSING AT 14:00 HRS.  PU 1 JT. AND NOTCHED COLLAR, BAKER MODEL R-3  PACKER, 2' SUB, SEATING NIPPLE, AND 2 NEW  JTS.TBG. TIH.PAINT SHOWED NO TBG LEAKS.  REPLACED SEATING NIPPLE, BADLY PITTED AND  SCRATCHED. BOTTOM 400' OF TBG SHOWING SOME  LIGHT TRACES OF WHAT APPEARS TO BE SALT  CRYSTALS. TIH TO INJ. MANDREL. PUT NEW |
| 17:15 - 18:00                  | 0.75     | STAINLESS 1/4" CHECK VALVE ON INJ MANDREL. BOP'S HAVE SMALL LEAK ON QUICK CONNECTORS ON THE STACK. CHANGE OUT CONNECTORS. SIFN.                                                                                                                                                                                                                                                                                                                                           |
| DATE: 06/25<br>DAY NO:         | /94<br>5 | DAILY COST: \$5,275 TOTAL COST TO DATE: \$20,817                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 07:00 - 08:15                  | 1.25     | TBGPRESS- #400, CSG PRESS- #425. PUMP 20 BBLS 2% KCL DWN CSG, THEN 1/4 BBL/MIN. STRIP OFF STRIPPING HEAD. PU CABLE SPOOL. CONNECT INJ. LINE TO INJ. MANDREL.                                                                                                                                                                                                                                                                                                              |
| 08:15 - 10:15                  | 2.00     | TIH WITH TBG AND INJ. LINE, BANDING - 2 PER<br>JT. PU 1 JT. TAG FILL AT 5655.88'                                                                                                                                                                                                                                                                                                                                                                                          |
| 10:15 - 10:30<br>10:30 - 10:50 | 0.33     | RD FLOOR, ND HYDRIL.  SET PACKER WITH #14,000 COMPRESSION. BOTTOM  OF TBG AT 5639.87' KB. PACKER AT 5600.67' KB.  SEATING NIPPLE AT 5597.47'. TBG 6' INTO  PERFS. STRG WEIGHT- #25,000. WEIGHT INDICATOR  AT #11,000. SHUT DWN PUMP, CSG ON VAC FOR 2  1/2 MIN.                                                                                                                                                                                                           |
| 10:50 - 13:45                  | 2.92     | SWABBING. TAG FLUID AT 3500'. TAG SN AT 5600' MADE 3 RUNS. FIRST 2 RUNS WERE DIRTY GRAY FLUID. THIRD RUN DRAGGING COMING OUT. MADE AN EST 1 1/2 GALLONS SAND, 1 GALLON CEDAR LCM. NO PRESS OR GAS FROM CSG. FLUID TAG ALL 3 RUNS AT 3500'. TOTAL LOAD- 190 BBLS.                                                                                                                                                                                                          |
| 13:45 - 15:30                  | 1.75     | PRESS TEST CSG. ANNULAR VOLUME FOR 5600'- 59 BBLS. PUMPED 70 BBLS, CSG ON VAC. TBG GASSING.                                                                                                                                                                                                                                                                                                                                                                               |
| 15:30 - 17:00                  | 1.50     | CSG ON VAC. TBG- #4. RD FLOOR. NU HYDRIL. RU TO TRIP.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 17:00 - 17:30                  | 0.50     | BLOW DWN TBG. RELEASE PACKER. TOOH WITH TBG AND INJ STRG.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 17:30 - 18:30                  | 1.00     | SET PACKER AT 4175.50'. PUMP DWN CSG TO TEST. ANNULAR VOLUME 44 BBLS. 35 BBLS AWAY, SEEING PRESS. PUMPED 40 BBLS AWAY, PRESS TO #130. LOST CIRC. ON PUMP, UNABLE TO PULL REMAINING WATER FROM 400 BBL. TANK. SI. PRESS DROPPED TO #110. HELD FOR 20 MIN. TBG GASSING. SIFN.                                                                                                                                                                                               |

### 1 INDIAN CREEK UNIT

FERRON FIELD

| DATE:<br>DAY NO:   |                | /94<br>6          | DAILY COST: \$3,498 TOTAL COST TO DATE: \$24,315                                                                                                                                                                                                                                                                                                               |
|--------------------|----------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07:00 -            | 08:45          | 1.75              | CSG PRESS- #35. TBG PRESS- #385. PACKER AT 4175.5' PUMP 5 BBLS TO FINISH FILLING HOLE. TEST TO #1000. BOP'S LEAKING THRU RAMS, DOORS. UNABLE TO SUSTAIN PRESS.                                                                                                                                                                                                 |
| 08:45 -<br>09:15 - |                |                   | RELEASE PACKER. TIH WITH 1 JT. AND 8 STDS. SET PACKER AT 4709.55' ANNULAR VOLUME- 50 BBLS. PUMPED 63 BBLS. CSG ON VAC, TBG GASSING.                                                                                                                                                                                                                            |
| 09:30 -            | 09:45          | 0.25              | RELEASE PACKER. PULL UP TO 4461.53' ANNULAR VOLUME- 47 BBLS.                                                                                                                                                                                                                                                                                                   |
| 09:45 -            |                | 0.50              | PUMP 25 BBLS, HOLE FULL. TEST TO #1000. BOP'S LEAKING.                                                                                                                                                                                                                                                                                                         |
| 10:15 -            | 10:30          | 0.25              | RELEASE PACKER. TRIP TO 4584.08' ANNULAR VOLUME- 48 BBLS.                                                                                                                                                                                                                                                                                                      |
| 10:30 -            | 11:30          | 1.00              | PUMP 63 BBLS. 42 BBLS AWAY, SAW PRESS TO #275, WENT AWAY IMMEDIATLY. PRESS BOUNCING #0 TO #300. PUT PLASTIC BAG OVER TBG. TBG ON VERY SLIGHT BLOW AND VAC. SI TBG DEAD. CSG ON VAC. LEAKING AROUND PACKER. PACKER LEAK OR LEAKING OFF THRU CSG HOLE AND AROUND PACKER. IDENTIFIED CSG LEAK BETWEEN 4461.53' AND 4709.55' TOTAL FLUID PUMPED TO DATE- 482 BBLS. |
|                    |                |                   |                                                                                                                                                                                                                                                                                                                                                                |
| DATE:<br>DAY NO:   | -              | /94<br>7          | <b>DAILY COST:</b> \$2,520 <b>TOTAL COST TO DATE:</b> \$26,835                                                                                                                                                                                                                                                                                                 |
| 4                  | 17:00          | 2.25              | CSG PRESS- #485, TBG PRESS- #85. PACKER WAS SET DURING LAST CSG TEST. LEAKING AROUND PACKER REPORTED ON LAST REPORT. BOP'S LEAKING. BLOW DWN WELL. RELEASE PACKER. TOOH. PACKER DRAGGING ON FIRST 2 STANDS.                                                                                                                                                    |
| DAY NO:<br>14:45 - | 17:00<br>17:45 | 7<br>2.25<br>0.75 | CSG PRESS- #485, TBG PRESS- #85. PACKER WAS SET DURING LAST CSG TEST. LEAKING AROUND PACKER REPORTED ON LAST REPORT. BOP'S LEAKING. BLOW DWN WELL. RELEASE PACKER. TOOH. PACKER DRAGGING ON FIRST 2 STANDS. LAY DWN PACKER. RUBBERS RIPPED ON ONE SIDE, SMALL PIECES OF RUBBER TORN OFF, DRAG MARKS ON PACKER BODY IN LINE WITH RIPS ON RUBBERS.               |

### 1 INDIAN CREEK UNIT

FERRON FIELD

| 07:00 - 08:15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 10:30 - 10:45 0.25 10:45 - 15:00 4.25 10:45 - 15:00 4.25 RU TO DROP SAND PLUG.  START DROPPING SAND, WITH 2% KCL, RECIPROCATING PIPE. USE 20/40 SAND. 10 SACKS AWAY, PUMP KCL FOR 10 MIN. DROP REMAINDER OF SAND WITH SILICA FLOUR. LIGHT GAS BLOW FROM CSG AND TBG WITH 15 SACKS AWAY. NO GAS LAST: SACKS. PUMP 10 MIN AFTER LAST OF SAND GONE. STRING WEIGHT AT #23,000. NO ADDITIONAL WEIGHT THRU RECIPROCATING. SHUT DWN PUMP. TB WENT ON VAC, CSG BLOWING. U - TUBE EFFECT. WAIT 20 MIN. TOTAL FLUID TO DATE - 504.5 BBLS  15:00 - 16:45 1.75 TOOH WITH SCRAPER. PU PACKER, TAIL JT AND TIH WITH 18 STDS. SIFN.  DATE: 07/02/94 DAY NO: 10  DAILY COST: \$3, TOTAL COST TO DATE: \$40,  07:00 - 07:45 0.75 CSG & TBG DEAD. TOOH WITH 18 STDS AND PACKER PU 2' SUB AND SEATING NIPPLE. PLACE ON TOP O PACKER. TIH TO 4718.45' TAG FLUID AT 1540'. SET WITH #6,000 COMPRESSION.  09:45 - 10:45 1.00 RU TO PRESS TEST DWN TBG. TBG ON VAC AFTER PUMPING 45 BBLS. HOLE VOLUME 32 BBLS.  10:45 - 11:15 0.50 RELEASE PACKER. TIH AND TAG SAND PLUG AT 5429.07' 223.78' OF SAND. PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND PULL UP AND SET PACKER AT 5312.53' TEST SAND |   |
| 15:00 - 16:45 1.75 TOOH WITH SCRAPER.  16:45 - 17:30 0.75 PU PACKER, TAIL JT AND TIH WITH 18 STDS.  SIFN.  DATE: 07/02/94 DAILY COST: \$3, TOTAL COST TO DATE: \$40,  07:00 - 07:45 0.75 CSG & TBG DEAD. TOOH WITH 18 STDS AND PACKER 07:45 - 09:45 2.00 PU 2' SUB AND SEATING NIPPLE. PLACE ON TOP O PACKER. TIH TO 4718.45' TAG FLUID AT 1540'.  SET WITH #6,000 COMPRESSION.  09:45 - 10:45 1.00 RU TO PRESS TEST DWN TBG. TBG ON VAC AFTER PUMPING 45 BBLS. HOLE VOLUME 32 BBLS.  10:45 - 11:15 0.50 RELEASE PACKER. TIH AND TAG SAND PLUG AT 5429.07' 223.78' OF SAND.  11:15 - 11:30 0.25 PULL UP AND SET PACKER AT 5312.53' TEST SAND PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
| DAY NO: 10  TOTAL COST TO DATE: \$40,  07:00 - 07:45  0.75  CSG & TBG DEAD. TOOH WITH 18 STDS AND PACKER 07:45 - 09:45  2.00  PU 2' SUB AND SEATING NIPPLE. PLACE ON TOP O PACKER. TIH TO 4718.45' TAG FLUID AT 1540'.  SET WITH #6,000 COMPRESSION.  09:45 - 10:45  1.00  RU TO PRESS TEST DWN TBG. TBG ON VAC AFTER PUMPING 45 BBLS. HOLE VOLUME 32 BBLS.  10:45 - 11:15  0.50  RELEASE PACKER. TIH AND TAG SAND PLUG AT 5429.07' 223.78' OF SAND.  11:15 - 11:30  0.25  PULL UP AND SET PACKER AT 5312.53' TEST SAND PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |
| 07:45 - 09:45 2.00 PU 2' SUB AND SEATING NIPPLE. PLACE ON TOP O PACKER. TIH TO 4718.45' TAG FLUID AT 1540'.  SET WITH #6,000 COMPRESSION.  RU TO PRESS TEST DWN TBG. TBG ON VAC AFTER PUMPING 45 BBLS. HOLE VOLUME 32 BBLS.  10:45 - 11:15 0.50 RELEASE PACKER. TIH AND TAG SAND PLUG AT 5429.07' 223.78' OF SAND.  11:15 - 11:30 0.25 PULL UP AND SET PACKER AT 5312.53' TEST SAND PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| 09:45 - 10:45 1.00 RU TO PRESS TEST DWN TBG. TBG ON VAC AFTER PUMPING 45 BBLS. HOLE VOLUME 32 BBLS.  10:45 - 11:15 0.50 RELEASE PACKER. TIH AND TAG SAND PLUG AT 5429.07' 223.78' OF SAND.  11:15 - 11:30 0.25 PULL UP AND SET PACKER AT 5312.53' TEST SAND PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F |
| 5429.07' 223.78' OF SAND.<br>11:15 - 11:30 0.25 PULL UP AND SET PACKER AT 5312.53' TEST SAND<br>PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| PLUG TO #1000. PUMPED 6.25 BBLS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
| 11:30 - 14:45 3.25 TOOH AND SET PACKER AT 5001.01' PRESS TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
| DWN TBG TO 975# 6.9 BBLS. CSG DEAD. TOOH AND SET PACKER AT 4874.68' TEST TO #1000. PUMP 5 BBLS. TOOH AND SET PACKER AT 4814.51' PUMPED 12.5 BBLS TBG ON VAC, CSG DEAD. RUN DWN TO 4843.51' AND SET PACKER. TEST DWN TBG TO #1050. PUMPED 5 BBLS. CSG DEAD. TOOH AND SET PACKER AT 4783.51' TEST CSG PUMPED 50 BBLS. CSG ON VAC. TBG DEAD. RELEASE PACKER, TBG HAVERY QUICK BLOW. TOOH TO 4654.41' SET PACKER TEST CSG. PUMPED 35.87 BBLS. CSG ON VAC, TBG DEAD. RELEASE PACKER, TBG HAD VERY QUICK BLOW. TOOH TO 4461.12'. SET PACKER. PUMPED 5 BBLS. CSG ON VAC, TBG DEAD. RELEASE PACKER, TBG HAD VERY QUICK BLOW. TOOH WITH PACKER. PACKER LOOKED GOOD, RUBBER 14:45 - 16:15 1.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D |

| 1 INDIAN CREEK UN                                        | <u>IT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FERRON FIELD |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 16:15 - 18:15 2.                                         | GOOD.  TIH TO 3082.28' TEST CSG PRESS UP TO #1175.  CSG BLEEDING OFF VERY SLOWLY, TBG ON VERY  SLIGHT VAC. 20 BBLS TO FILL HOLE. RELEASE  PACKER. SIFN                                                                                                                                                                                                                                                                                                        |              |
| <b>DATE:</b> 07/03/94 <b>DAY NO:</b> 11                  | DAILY COST: \$6<br>TOTAL COST TO DATE: \$46                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| 06:30 - 08:00 1.<br>08:00 - 09:30 1.<br>09:30 - 11:15 1. | TOOH WITH PACKER.  75 PU NEW PACKER. TIH TO 4153.02' TORQUE ALL  JTS.                                                                                                                                                                                                                                                                                                                                                                                         |              |
| 11:15 - 11:55 0.                                         | #1050. TBG SLIGHT VAC. DROP STANDING VALVE.<br>TEST TBG TO #1000. TBG VAC DUE TO FLUID<br>DISPLACMENT, FALLING AFTER PACKER SET.                                                                                                                                                                                                                                                                                                                              |              |
| 11:55 - 12:10 0.                                         | #1060.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |
| 12:10 - 12:30 0.<br>12:30 - 13:15 0.                     | 33 TIH TO 4592.85' CSG ON STRONG VAC. 75 TOOH TO 4469.06' 9 BBLS TO FILL. TEST TO #1075                                                                                                                                                                                                                                                                                                                                                                       |              |
| 13:15 - 13:45 0<br>13:45 - 13:55 0                       | 50 TIH TO 4524.16' CSG ON VAC.<br>17 BAD CSG BETWEEN 4469.06' AND 4843.51'<br>RU TO FISH STANDING VALVE.                                                                                                                                                                                                                                                                                                                                                      |              |
| 13:55 - 14:40 0                                          | NOTE: ONLY CHANGE TO TESTING WAS PUTTING #10,000 COMPRESSION ON PACKER INSTEAD OF #6,000. FIRST PACKER WAS NOT DAMAGED.                                                                                                                                                                                                                                                                                                                                       |              |
| 14:40 - 17:00 2                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.05         |
| DATE: 07/06/94<br>DAY NO: 1:                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,885<br>,698 |
| 10:30 - 12:05 1                                          | 58 CSG- SLIGHT VAC. PU CICR AND SETTING TOOL.<br>TIH TO 4093.38' 375.68' ABOVE TOP HOLE. RU<br>HALIBURTON.                                                                                                                                                                                                                                                                                                                                                    |              |
| 12:05 - 12:45 0                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ).           |
| 12:45 - 15:15 2                                          | PUMP SQUEEZE JOB. PUMP 20 BBLS 10% CACL2, 2 BBLS 2% KCL, 20 BBLS FLOCHEK, 2 BBLS 2%KCL, 42 BBLS THIXOTROPIC CEMENT. PUMPING AT #560, 3 1/2 BBLS/MIN. 22 BBLS DISPLACEMENT TO TOP OF FIRST CSG LEAK. 16 BBLS CAP. OF TBG. 18 BBLS DISP. AWAY, STING OUT WAIT 5 MIN, PUMP .5 BBLS TO #600, PRESS BROKEOVER. STING OUT, WAIT 10 MIN. PRESS TO #450, BROKEOVER. 19 BBLS AWAY. WAIT 10 MIN, PRESS UP TO #550, BLEEDING OFF BUMP TO #600, BLEEDING OFF. PUMPING 1/4 | ₹.           |

### 1 INDIAN CREEK UNIT

### FERRON FIELD

WAIT 10 MIN, PRESS UP #500, BLEEDING OFF. BUMP TO #500, STING OUT. CLEAN OUT TBG WHILE WAITING. WAIT 15 MIN, STING IN, #0 PRESS, SLIGHT VAC. PRESS UP TO #500, SHUT DWN, BLEEDING OFF, STING OUT. 20.5 BBLS AWAY. WAIT 20 MIN. PUMP 1/2 BBL, PRESS TO #750, NOT HOLDING. 21 BBLS AWAY. PREPARE TO PUMP ANOTHER 50 SACKS. PRESS UP TO #1000. SHUT DWN, PRESS AT #300. 21.5 BBLS AWAY. WAIT 15 MIN, PRESS AT #250. PRESS UP TO #750, STING OUT. TOOH WITH SETTING TOOL.

15:15 - 16:30 1.25

16:30 - 18:00 1.50 PU MILL, TIH

| DATE:<br>DAY NO:              |                | /94<br>13    | DAILY COST:<br>TOTAL COST TO DATE:                                                                                                                                                                                                                                                                                                                                                                                 | \$4,755<br>\$62,453                       |
|-------------------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 07:00 -                       | 10:00          | 3.00         | TOOH, LAYING DWN 24 STDS. TIH WITH REMA                                                                                                                                                                                                                                                                                                                                                                            | AINDER                                    |
| 10:00 -<br>11:45 -            |                | 1.75<br>1.25 | BEGIN MILLING CICR, #8,000 TO #10,000 C                                                                                                                                                                                                                                                                                                                                                                            |                                           |
| 13:00 -                       | 14:30          | 1.50         | SAND LINE KEPT FROM FALLING. 1 JT. BEN'<br>BACKWARDS INTO DERRICK. CONTINUE TO CIP<br>FOR 10 MIN. RELATCH ELEVATORS TO SWIVE<br>PULLUP JT. CUT JT. PU JT, WIRE ELEVATOR<br>CLOSED POSITION.                                                                                                                                                                                                                        | r<br>RCULATE<br>L,                        |
| 14:30 -<br>16:40 -<br>17:30 - | 17.30          | 0.83         | MILLING. CICR RELEASED. TIH TO 4297.90' TAGGED UP. PULL 1 JT., AND 1 STD. CIRCULATE BOTTON SIFN                                                                                                                                                                                                                                                                                                                    | MS UP.                                    |
| DATE:<br>DAY NO:              |                | /94<br>14    | DAILY COST:<br>TOTAL COST TO DATE:                                                                                                                                                                                                                                                                                                                                                                                 | \$3,385<br>\$65,838                       |
| 07:00 -<br>09:45 -            |                |              | MILLING ON CICR AT 4297.90' MILLED THRUTH TO 4376.24' MILL OUT REMAINDER OF WITH CEMENT.                                                                                                                                                                                                                                                                                                                           | U.<br>CICR,                               |
| 10:30 -<br>11:15 -            | 11:15<br>18:30 | 0.75<br>7.25 | REPAIR ELEVATORS. MILLING ON CEMENT. CEMENT SOFT. #6,000 #8,000 ON MILL. #950 TORQUE, 3 BBLS/MI 12'/HR. PUT #10,000 ON MILL, TORQUE TO STALL OUT. UNDER #6,000, MAKE LITTLE T ON PENETRATION. 15:00 HRS, PENETRATION AVERAGING 24' HR. PENETRATION INCREASE STARTED ABOUT 4470' NO FLUID LOSS. PUL STD, CIRCULATE BOTTOMS UP. FINAL DEPTH 4511.07' PULL UP, CIRCULATE BOTTOMS UP NOTE: CEMENT SAMPLES SETUP, HARD. | N,<br>#1200,<br>O NONE<br>RATE<br>L OUT 1 |

### 1 INDIAN CREEK UNIT

FERRON FIELD

| DATE:<br>DAY NO:   |                | 94<br>15     | DAILY COST: \$3,540 TOTAL COST TO DATE: \$69,378                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07:00 -            | 17:00 1        | 0.00         | MILLING ON CEMENT AT 4511.07'. BEGINING FLUID TEMP FROM WELL- 40 DEG. BOTTOMS UP TEMP- 48 DEG. CEMENT REMAINING SOFT. USED 37.5 BBLS WATER FROM 4565.90' TO 4596.94' SHUT DWN, SI WELL. CSG ON VAC. NO LOST CIRC. PUMPING AT 3.5 BBLS/MIN. AVERAGE RATE OF PENETRATION-18.5' HR. PU JT AT 12:50 HRS, 13:50 HRS EST. 15' IN HOLE, WELL DRANK 12.5 BBLS. REVERSE CIRC DWN TBG, UTILIZE JETS (3) ON MILL. TBG/PUMP PRESS- #750, 4 BBLS/MIN, ANNULAR VELOCITY- 375'/MIN. CEMENT RETURNS VERY FINE. 40'/HR. |
| 17:00 -            | 20:00          | 3.00         | RATE OF PENETRATION DWN TO 8' HR. REVERSE CIRC DWN CSG, UP TBG. RATE OF PENETRATION 15'/HR, HOLE TAKING 5.0 BBLS/HR, VERY FINE RETURNS. FOOTAGE TODAY-243.38' 89.06' FROM GOOD CSG TEST. PU, CIRC. SIFN.                                                                                                                                                                                                                                                                                               |
| DATE:<br>DAY NO:   | 07/10/         | '94<br>16    | DAILY COST: \$4,090 TOTAL COST TO DATE: \$73,468                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 07:00 -            | 09:15          | 2.25         | WARM UP RIG, PUMPS. FILL WELL WITH 17.5 BBLS. CIRC. DWN CGS, PRESS UP TO #400, NO CIRC THRU TBG. CIRC DWN TBG, PRESS UP TO #900. GO DWN CGS, SPUD, REGAINED CIRC. CIRCULATE UP PIECE OF STIPPING RUBBER. REPLACE RUBBER. MILLING AT 4754.45' ROP- 24' HR. WATER LOSS- 5 BBLS/HR.                                                                                                                                                                                                                       |
| 09:15 -            | 10:00          | 0.75         | TORQUE ARM ON SWIVEL BROKE OFF, TWISTING UP<br>LINES. UNTANGLE THE MESS, PUT ARM ON OTHER<br>SIDE OF SWIVEL.                                                                                                                                                                                                                                                                                                                                                                                           |
| 10:00 -<br>11:50 - | 11:50<br>14:30 | 1.83<br>2.67 | RESUME MILLING.  DRILL THRU CEMENT AT 4847' HOLE TAKING 3  BBLS/HR. PU SINGLES, TIH. STACKED OUT AT  5029.68', MILLING, PUSHING OBSTRUCTION DWN,  ASSUME TO BE CEMENT. TAG SAND AT 5427'- 2'  HIGH. CIRC OUT HARD CEMENT, SMALL PIECES OF  CICR AHEAD OF SAND                                                                                                                                                                                                                                          |
| 14:30 -            | 16:00          | 1.50         | MILL STUCK AT 5504'. CIRC SHORT WAY, LONG WAY, SPUDDING. OBSTRUCTION CAME FREE. RETURNS ARE FINE IRON, BRASS, AND RUBBER.                                                                                                                                                                                                                                                                                                                                                                              |
| 16:00 -            | 16:40          | 0.67         | RESUME CIRC OUT SAND TO 5597'. ROLL HOLE TO 2% KCL.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 16:40 -            | 17:00          | 0.33         | PU LAST JT. REVERS TO 5618.72'- LOST CIRC.<br>15' ABOVE PERFS. WELL TO THIS POINT HAS BEEN<br>TAKING 3 BBLS/HR.                                                                                                                                                                                                                                                                                                                                                                                        |
| 17:00 -            | 17:45          | 0.75         | RD POWER SWIVEL, CHANGE ELEVATORS, REMOVE STRIPPING HEAD, PU TONGS.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 17:45 -            | 20:00          | 2.25         | TOOH WITH MILL. SIFN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### 1 INDIAN CREEK UNIT

### FERRON FIELD

| DATE:<br>DAY NO:              |                    | /94<br>17            | <b>DAILY COST:</b> \$2,330 <b>TOTAL COST TO DATE:</b> \$75,798                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------|--------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07:00 -                       |                    |                      | START TO TIH. HYDROLIC CLUTCH SLIPPING.  ADJUST. START TO TIH. NO HYDROLICS TO TONGS.  CONNECT HYDOLICS FROM POWER SWIVEL TO TONGS.  USE WINCH TO RAISE AND LOWER TONGS.                                                                                                                                                                                                                                                                    |
| 13:15 -                       | 14:45              | 1.50                 | TO MAKE HOLE. STROKING PUMP, NO ADDITIONAL WEIGHT OR FOOTAGE. UNABLE TO ROTATE THRU, NOTCHED COLLAR ON BOTTOM.                                                                                                                                                                                                                                                                                                                              |
| 14:45 -                       | 16:15              | 1.50                 |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DATE:<br>DAY NO:              |                    | /94<br>18            | <b>DAILY COST:</b> \$3,227 <b>TOTAL COST TO DATE:</b> \$79,025                                                                                                                                                                                                                                                                                                                                                                              |
| 07:00 -<br>11:00 -            | 11:00<br>12:30     | 4.00<br>1.50         | DEBRIS CHAMBER, LAST 2 HAD SAND, BOTTOM CHECKS COATED WITH SOFT CEMENT, NO VISIBLE IRON. NOTCHED COLLAR SUSTAINED NO VISIBLE DAMAGE. FLUID LEVEL ON TBG TRIPPING OUT AT 2820'.                                                                                                                                                                                                                                                              |
| 12:30 -<br>13:00 -<br>14:30 - | 14:30              | 0.50<br>1.50<br>2.75 | TIH WITH TBG PUMP AND BIT.  PU SWIVEL, CHANGE ELEVATORS. TAG FILL AT  5625.28', UNABLE TO MAKE FOOTAGE PAST 5618'  YESTERDAY, POSSIBLY PUMPING SAND AROUND  OBSTRUCTION. ROTATING INTO FILL, STALLED OUT,  PULLED #48,000 TO FREE. CONTINUALLY STALLING  OUT, STICKING, PULLING #30,000 TO FREE, STRG  WEIGHT- #26,000. STARTING WEIGHT- #25,000.  MADE 1' TO 5626.28' FROM 15:00 HRS. TO 16:00  HRS. MADE NO EXTRA FOOTAGE LAST 1 1/4 HRS. |
| 17:15 -                       | 20:00              | 2.75                 | LAY BACK SWIVEL. TOOH WITH TBG PUMP. DRAGGING 1ST JT. OFF BOTTOM. NO SAND. RUBBER IN BOTTOM CHECKS. CONES ON BIT READY TO COME OFF. NO VISIBLE IRON DAMAGE TO BIT. SIFN.                                                                                                                                                                                                                                                                    |
| DATE:<br>DAY NO:              |                    | 3/94<br>19           | DAILY COST: \$4,390 TOTAL COST TO DATE: \$83,415                                                                                                                                                                                                                                                                                                                                                                                            |
| 07:00 -                       | 09:00              | 2.00                 | PU JUNK SHOE. TIH WITH TBG PUMP AND SHOE. SHOE O.D 3.721"                                                                                                                                                                                                                                                                                                                                                                                   |
| 09:00 -<br>09:30 -            | - 09:30<br>- 11:00 | 0.50<br>1.50         | PU POWER SWIVEL. TAG AT 5627.22' ROTATE, STICKING. SPUD, STUCK, #45,000 TO FREE. STICKING, STALLING OUT. STUCK, #52,000 TO FREE. STICKING OFTEN,                                                                                                                                                                                                                                                                                            |

| 1 INDIAN CREEK                                                   | UNIT         | FERRON FIELD                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11:00 - 13:00                                                    | 2.00         | #20,000 PLUS TO FREE. MADE 3' IN 1 1/2 HRS. DWN TO 5630' LAY SWIVEL. TOOH. FLUID LEVEL AT 2006' NO SAND, RUBBER, IRON. CUTRITE ON BOTTOM OF SHOE NOT DAMAGED, STILL PAINTED. OUTSIDE OF SHOE                                                                                                                                  |
| 13:00 - 15:00<br>15:00 - 15:15<br>15:15 - 16:30<br>16:30 - 19:00 | 0.25<br>1.25 | 9" UP POLISHED OFF. PU SKIRTED BIT. TIH. PUMPING ONLY. NO HOLE MADE. ROTATE ON BIT. #10,000 ON BIT. NO STALLING OUT. NO STICKING. MADE NO HOLE. TOOH. ONE CONE ON BIT SEIZED UP. ONE LOOSE. ONE SMALL PIECE OF RUBBER. NO VISIBLE IRON. SIFN.                                                                                 |
| DATE: 07/14, DAY NO:                                             | /94<br>20    | DAILY COST: \$2,990 TOTAL COST TO DATE: \$86,405                                                                                                                                                                                                                                                                              |
| 07:00 - 10:00                                                    | 3.00         | PU HYDROSTATIC BAILER. TAG UP AT 5638' DRAGGING SLIGHTLY FOR 3' THRU THE 5630' AREA.                                                                                                                                                                                                                                          |
| 10:00 - 11:00                                                    | 1.00         | BAIL TO 5655.55' PUTTING FULL STRG WEIGHT ON BAILER. VERY SOLID ON BOTTOM. NO DAMAGE TO NOTCHED COLLAR. INITIAL TAG UP ON BOTTOM WAS 5655.88'                                                                                                                                                                                 |
| 11:00 - 13:00                                                    | 2.00         | TOOH WITH BAILER 45' OF SAND IN TBG., 11' CSG CAPACITY. SAND RECOVERED HAD VERY SLIGHT AMOUNTS OF RUBBER, IRON CUTTINGS, AND SEMI HARD CEMENT. NONE IN VERY BIG QUANITIES.                                                                                                                                                    |
| 13:00 - 16:30                                                    | 3.50         | PU BAKER LOKSET PACKER, TAIL JT, ON OFF TOOL,  10' AND 8' SUBS. TIH WITH ASS. AND METHANOL  INJ. STRG.  PROD. STRG 11' KB  22 STDS, & 1JT 1410.07'  DANIELS INJ. MANDREL- 4.10'  65 STDS. & 1 JT 4115.12'  SUB - 8.10'  SUB - 10.15'  F NIPPLE - 1.60'  SUB -4.13'  BAKER LOKSET - 3.02'  TAIL JT - 31.09'  NOTCHED COLLAR40' |
| 16:30 - 18:45                                                    | 2.25         | ND POWER SWIVEL, HYDRIL, BOP'S. LAND PACKER AT 5562.69' BOTTOM OF TBG AT 5597.35' #15,000 COPRESSION. ADD 35 GALLONS CORROSION INHIBITOR. FILL BACKSIDE. SLIGHT VAC FOR 1/2 MIN. THRU 1/2' NEEDLE VALVE.                                                                                                                      |
| 18:45 - 19:30<br>19:30 - 20:30                                   |              |                                                                                                                                                                                                                                                                                                                               |

#### 1 INDIAN CREEK UNIT

FERRON FIELD

| DATE:   | 07/15/94 | DAILY COST:         | \$2,790  |
|---------|----------|---------------------|----------|
| DAY NO: | 21       | TOTAL COST TO DATE: | \$89,195 |

07:00 - 20:30 13.50

TBG- VAC., CSG- SLIGHT VAC. SWABBING. PUT ON UNDERSIZE CUPS. TAG AT 4600' FLUID LEVEL AT 3600' UNABLE TO GET BY 4600' MARK. RI WITH SINKER BAR ONLY- OD 1 1/2" UNABLE TO GET BY 4600' RI WITH CUPS AND TAG AT 4600' FLUID LEVEL AT 3700' NEXT RUN IN TAG AT 4400' SPUD TO 4800' OBSTRUCTION CAN BE MOVED BY SPUDDING, THEN MOVES UP HOLE AFTER SWAB RUN. ENCOUNTER OBSTRUCTION ANYWHERE FROM 4200' TO 5400' AFTER SWAB RUNS OBSTRUCTION IS ALWAYS HIGHER AFTER RUN.

MADE 18 RUNS, OBSTRUCTION CAME UP. 1/2" WIDE BY 4" LON CURLY PIECE OF RUBBER WITH A SMALL PIECE OF CAST IRON.

STARTED MAKING SAND AND LCM AFTER 5TH RUN. AMOUNTS OF SAND VARYING EACH RUN. EST AMOUNT UP TO 20TH RUN AT 5 GALLONS. AFTER 20TH RUN FLUID IS STILL GRITTY.

GAS STARTED AHEAD OF SWAB FLUID AT SAME TIME STARTED MAKING SAND AND LCM, 5TH RUN. AFTER RUBBER WAS RECOVERED STARTED PULLING FROM 5450', FLUID LEVEL REMAINING AT 3700' STARTED PULLING FROM F NIPPLE, ID- 1.8115" CUPS- 1.9285" FLUID STILL SANDY ENOUGH TO WEAR OUT CUPS QUICKLY.

25TH RUN PULLED 5 GALLONS OF FAIRLY CLEAN SAND. 27' OF SAND PLUG HAVE BEEN MISSING. 10 GALLONS RECOVERED ACCOUNTS FOR AN EST 11' 26TH THRU 29TH RUNS FLUID BECOMING GAS CUT, GAS BREAKING OUT AT TANK, NO LARGE AMOUNTS OF GAS. CUPS CUTTING OUT QUICKLY.

TOTAL RUNS- 29

TOTAL BBLS RECOVERED- 66.08

FLUID TEMP A.M.- 52 DEGREES

FLUID TEMP P.M.- 54 DEGREES

| DATE:   | 07/16/94 | DAILY COST:         | \$11,340  |
|---------|----------|---------------------|-----------|
| DAY NO: | 22       | TOTAL COST TO DATE: | \$100,535 |

07:00 - 11:15 4.25

TBG- #50, CSG- SLIGHT VAC. BLOW DWN TBG. DROP 10 SOAP STKS. PUMP DWN RIG TANK INTO 400 BBL TANK. SWABBING. TAG AT 3550' #910 HEAD OVER TOP PERFS., TBG GASSING. MADE 4 RUNS, DROP 3 SOAP STKS. FLUID LEVEL COMING UP. AFTER FLOW AFTER 4TH RUN. SAND 3RD THRU 5TH RUNS, 2 GALLONS.

 SWAB RUNS:
 BARRELS
 FLUID LEVEL

 1
 12.5
 3550

 2
 10
 3300

| 1 INDIAN CREEK | UNIT | FERRON FIELD                                                                            |
|----------------|------|-----------------------------------------------------------------------------------------|
|                |      | 3 2.5 3600                                                                              |
|                |      | 4 2.5 3750                                                                              |
|                |      | 5 8.75 3400                                                                             |
|                |      | 6 7 3200                                                                                |
|                |      | 7 5.5 3400                                                                              |
| 11:15 - 12:30  | 1.25 |                                                                                         |
|                |      | LUBRICATOR. OPERATOR MISSED 1ST FLAGS. TBG                                              |
|                |      | GASSING HEAVIER. DROP 4 SOAP STKS DURING SWAB                                           |
|                |      | REPAIR.                                                                                 |
| 12:30 - 13:15  |      |                                                                                         |
|                |      | WELL DIED OFF.                                                                          |
| 13:30 - 14:30  | 1.00 |                                                                                         |
|                |      | START RIGGING DWN.                                                                      |
| 14:30 - 15:30  | 1.00 |                                                                                         |
|                | 0 50 | 13.75 88.75 #75                                                                         |
|                |      | 6.25 BBLS CUM- 95 BBLS. FTP- #75                                                        |
| 16:00 - 16:30  | 0.50 | CHOKE BACK TO LINE PRESS, #140. HELD FOR 15<br>MIN, BEGAN TO FALL, NO FLUID TO SURFACE. |
| 16 20 17.20    | 1 00 | BBLS. 20 CUM BBLS- 115 FTP- #40 NO CHOKE                                                |
| 16:30 - 17:30  | 1.00 | HOOK WELL BACK INTO FLOW LINE. REMOVE CHOKE                                             |
|                |      | FROM SWAB LINE. SI 2 MIN- SI PRESS #200. PUT                                            |
|                |      | ON TOP OF FLOWLINE VALVE AND RUN LINE TO 400                                            |
|                |      | BBL TANK. BE ABLE TO FLOWBACK FLUID AND TEST                                            |
|                |      | WHEN WELL CAN BUCK LINE PRESS, WHEN ABLE TO,                                            |
|                |      | SHUT 1 VALVE, AND PUT ON LINE.                                                          |
| 17:30 - 18:30  | 1.00 |                                                                                         |
|                |      | THRU FULL CHOKE TO 400 BBL TANK. LAY DWN RIG                                            |
|                |      | NEXT AM. FLOW CREW FOR THE NIGHT. TURN WELL                                             |
|                |      | OVER TO OPERATOR. RIG TIME ESTIMATED FOR                                                |
|                |      | TODAY'S REPORT FOR FLOW CREW, CLEANING FLAT                                             |
|                |      | TANK, AND ROADING RIG TO RANGLEY, COLO.                                                 |

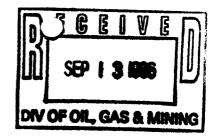
### STATE OF UTAH .VISION OF OIL, GAS AND MINING 1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-5801

Page 2 of 2

### MONTHLY OIL AND GAS PRODUCTION REPORT

| OPERATOR NAME AND ADDRESS:                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | •                |                                           |                         |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|------------------|-------------------------------------------|-------------------------|--|
| OF ERATOR NAME AND ADDRESS:                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | UTA         | H ACCOUNT NUMBI  | N7230                                     |                         |  |
| MARALENE SPAWN<br>MERIDIAN OIL INC<br>PO BOX 3209                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | REPO        | ORT PERIOD (MONT | H/YEAR): 7 / 9                            | 96                      |  |
| ENGLEWOOD CO 80155-320                                                                                               | 09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | AME         | NDED REPORT (    | Highlight Changes                         | ;)                      |  |
| Well Name                                                                                                            | Producing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Well        | Days        |                  | Production Volumes                        |                         |  |
| API Number Entity Location                                                                                           | Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status      | Oper        | OIL(BBL)         | GAS(MCF)                                  | WATER(BBL)              |  |
| √ARABIAN FEDERAL #3<br>∮303731287 10654 38S 24E 19                                                                   | NESWY<br>IS-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |             | 1156186          | Kachina Unit                              | WITTER((IDEL)           |  |
| HAVASU FEDERAL 12-19<br>4303731457 10654 38S 24E 19                                                                  | SWNW V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             | 1156-186         | KachineUnit                               |                         |  |
| HAVASU FEDERAL 12-19A                                                                                                | SWNW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             | 1156186          | Kechinellnit                              |                         |  |
| NAVAJO FEDERAL 42-5                                                                                                  | SENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                  |                                           |                         |  |
| 4303731261 10655 39S 25E 5<br>NAVAJO FEDERAL 41-5                                                                    | ISMY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             | U58728           | Kiva (Upper Me                            |                         |  |
| 4303731358 10810 395 25E 5<br>INDIAN CREEK 14176 #1                                                                  | NENE J<br>DSCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |             | U 57895          | Kira/Non P.A.                             |                         |  |
| 4301530091 10907 17S 06E 14<br>NOCK-FEDERAL 21-33                                                                    | FRSD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · — · — · · |             | 115202           | Kira/Non P.A. E.mtn. II Unit Bannock Unit | (9-16-94<br>Invelidated |  |
| 4303731425 10923 38S 24E 33                                                                                          | ISMY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             | U40361           | Bunnock Unit                              |                         |  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                  |                                           |                         |  |
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|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>    |             |                  |                                           |                         |  |
|                                                                                                                      | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | TOTALS      |                  |                                           |                         |  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Ļ           |                  |                                           |                         |  |
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| MMENTS:                                                                                                              | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | ·           |                  |                                           |                         |  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | <del></del> |                  |                                           |                         |  |
|                                                                                                                      | * Address Andress Andr |             |             |                  |                                           | · ······                |  |
| recoy certify that this report is true and complete to the                                                           | he hest of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | knowledee   |             |                  |                                           |                         |  |
|                                                                                                                      | ne oest of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIOWIEGE    | •           | Da               | te:                                       |                         |  |
| MMENTS:  Streoy certify that this report is true and complete to the best of my knowledge.  Date:  Telephone Number: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                  |                                           |                         |  |

### MERIDIAN OIL



September 10, 1996

State of Utah
Division of Oil, Gas and Mining
355 1594 West North Temple
Salt Lake City, UT 84180

Re:

Name Change from Meridian Oil Inc. to Burlington Resources Oil & Gas Co.

Gentlemen:

Please be advised effective July 11, 1996 Meridian Oil Inc. changed their name and address to:

Burlington Resources Oil & Gas Co. 3300 North "A" St., Bldg. 6 Midland, TX 79710-1810

Please see the attached list of wells that Burlington Resources operates in the State of Utah. If you should have any questions, please contact me at (303) 930-9393 or after September 30th at (915) 688-6800.

Sincerely,

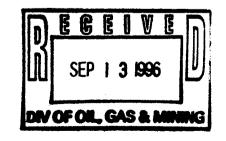
BURLINGTON RESOURCES OIL & GAS CO.

Eileen Danni Dey

Senior Regulatory Compliance Representative

Enclosure

|                     |                         |         |                                         | 1        |                 |      |              |      |                             |                         |                         |
|---------------------|-------------------------|---------|-----------------------------------------|----------|-----------------|------|--------------|------|-----------------------------|-------------------------|-------------------------|
|                     |                         |         |                                         |          |                 |      |              |      |                             |                         |                         |
| FIELD               | WELL NAME               | WELL NO |                                         | COUNTY   | OCATIO          | SEC  | TWN          | RGE  | API NUMBER                  | FEDERAL LEASE<br>NUMBER | STATE<br>CONTROI<br>NO. |
| BANNOCK             | BANNOCK FEDERAL         | 21-33   | ISMAY                                   | SAN JUAN | NENW            | 33   | 0388         | 024E | 43-037-3142500              | UTU60786A               | 10923                   |
| CEDAR MOUNTAIN      | EAST CANYON UNIT        | 33-18   | CEDAR MOUNTAIN                          | GRAND    | NWSE            | 18   | 016S         | 025E | 43-019-1620300              | UTU05059                | 9515                    |
| ÉAST MOUNTAIN       | EAST MOUNTAIN FEDERAL   | 13-35   | FERRON                                  | EMERY    | NWSW            | 35   | 016S         | 006E | 43-015-3023000              | 57287U6920              | 10789                   |
| EAST MOUNTAIN       | EAST MOUNTAIN FEDERAL   | 32-23   | FERRON                                  | EMERY    | SWNE            | 23   | 0168         | 006E | 43-015-3023100              | 57287U6920              | 11075                   |
| FERRON              | INDIAN CREEK UNIT       | 1       | FERRON                                  | EMERY    | SWNW            | 02   | 017S         | 006E | 43-015-3008200              | 57287U6920              | 02585                   |
| FERRON              | INDIAN CREEK UNIT       | 3       | FERRON                                  | EMERY    | swsw            | 02   | 017S         | 006E | 43-015- <del>310750</del> 0 | 57287U6920 30           |                         |
| FERRON              | INDIAN CREEK UNIT 10176 | 5       | FERRON                                  | EMERY    | SENE            | 10   | 017S         | 006E | 43-015-3011700              | 57287U6920              | 02585                   |
| FERRON              | INDIAN CREEK UNIT 14176 | 2       | FERRON                                  | EMERY    | SWNE            | 14   | 017S         | 006E | 43-015-3009100              | UTU15202                | 10907                   |
| KACHINA             | ARABIAN FEDERAL (ம்ம்)  | 2       | ISMAY                                   | SAN JUAN | NWSW            | 19   | 0388         | 024E | 43-037-3128200              | UTU56186                | 10654                   |
| KACHINA             | ARABIAN FEDERAL         | 3       | ISMAY                                   | SAN JUAN | NESW            | 19   | 0388         | 024E | 43-037-3128700              | UTU56186                | 10654                   |
| KACHINA             | HAVASU FEDERAL (ω;ω)    | 11-19   | UPPER ISMAY                             | SAN JUAN | NWNW            | 19   | 0388         | 024E | 43-037-3145800              | UTU56186                | 10654                   |
| KACHINA             | HAVASU FEDERAL          | 12-19   | UPPER ISMAY                             | SAN JUAN | SWNW            | 19   | 0388         | 024E | 43-037-3145700              | UTU56186                | 10654                   |
| CHINA               | HAVASU FEDERAL          | 12-19A  | ISMAY                                   | SAN JUAN | SWNW            | 19   | 0385         | 024E | 43-037-3145900              | UTU56186                | 10654                   |
| MACHINA             | HAVASU FEDERAL          | 22-19   | UPPER ISMAY                             | SAN JUAN | SENW            | 19   | 0388         | 024E | 43-037-3127800              | UTU56186                | 10654                   |
| KACHINA             | HAVASU FEDERAL          | 41-24   | UPPER ISMAY                             | SAN JUAN | NENE            | 24   | 0388         | 023E | 43-037-3127900              | UTU20895                | 10654                   |
| KACHINA             | HAVASU FEDERAL (WIW)    | 42-24   | UPPER ISMAY                             | SAN JUAN | SENE            | 24   | 0388         | 023E | 43-037-3129800              | UTU20895                | 10654                   |
| KACHINA             | WASH UNIT / WSW         | 2       | CUTLER                                  | SAN JUAN | SESE            | 13   | 0388         | 023E | 43-037-3132400              | UTU20894                | 10654                   |
| KÍVA (DESERT CREEK) | NAVAJO FEDERAL          | 41-5    | DESERT CREEK                            | SAN JUAN | NENE            | 05   | 0398         | 025E | 43-037 <del>-3542100</del>  | UTU57895 313            |                         |
| KÍVA (UPPER ISMAY)  | KIVA FEDERAL            | 24-4    | ISMAY                                   | SAN JUAN | SESW            | 04   | 0398         | 025E | 43-037-3174500              | 83687U6890              | 09975                   |
| KIVA (UPPER ISMAY)  | NAVAJO FEDERAL (WIW)    | 12-4    | ISMAY                                   | SAN JUAN | SWNW            | 04   | 0398         | 025E | 43-037-3174300              | 83687U6890              | ·····                   |
| KIYA (UPPER ISMAY)  | NAVAJO FEDERAL (WW)     | 14-4    | ISMAY                                   | SAN JUAN | swsw            | 04   | 0398         | 025E | 43-037-3132100              | 83687U6890              | 09975                   |
| KIVA (UPPER ISMAY)  | NAVAJO FEDERAL ( WW)    | 21-9    | ISMAY                                   | SAN JUAN | NENW            | 09   | 0398         | 025E | 43-037-3132100              | 83687U6890              | 09975                   |
| KÍVA (UPPER ISMAY)  | NAVAJO FEDERAL (WIW)    | 23-4    | UPPER ISMAY                             | SAN JUAN | NESW            | 04   | 0398         | 025E | 43-037-3125900              |                         | 09975                   |
| KIVA (UPPER ISMAY)  | NAVAJO FEDERAL          | 4-2     |                                         | SAN JUAN | SWSE            | 04   | 0398         | 025E | ················            | 83687U6890              | 09975                   |
| KÍVA (UPPER ISMAY)  | NAVAJO FEDERAL          | 4-4     | ISMAY                                   | SAN JUAN | NWSW            | 04   | 0398         | 025E | 43-037-3116100              | 83687U6890              | 09975                   |
| KIVA (UPPER ISMAY)  | NAVAJO FEDERAL          | 42-5    | UPPER ISMAY                             | SAN JUAN | SENE            | 05   | 0398         | 025E | 43-037-3117900              | 83687U6890              | 09975                   |
| KIVA (UPPER ISMAY)  | NAVAJO FEDERAL / WSW    | 42-9    |                                         | SAN JUAN | SENE            | . 09 | 0398         |      | 43-037-3126100              | 83687U6890              | 10655                   |
| KÍVA (UPPER ISMAY)  | NAVAJO FEDERAL          |         | *************************************** | SAN JUAN | NWNE            | 09   | 0398<br>0398 | 025E | 43-037-3126300              | 83687U6890              | 09975                   |
| KÍVA (UPPER ISMAY)  | NAVAJO FEDERAL (WIW)    |         |                                         | SAN JUAN | SESW            |      |              | 025E | 43-037-3100100              | 83687U6890              | 09975                   |
| KÍVA (UPPER ISMAY)  | NAVAJO FEDERAL (WIW)    |         |                                         | SAN JUAN | ·• <del> </del> | 04   | 0398         | 025E | 43-037-3111200              | 83687U6890              | 09975                   |
| J'QN MESA           | HATCH POINT FEDERAL     |         |                                         | SAN JUAN | NWSW            | 05   | 0398         | 025E | 43-037-3131700              | 83687U6890              | 09975                   |
|                     | ,                       | 2/-17   | CAINE CREEK                             | SAN JUAN | NESW            | 27   | 027S         | 021E | 43-037-3051800              | 8910184250              | 02815                   |

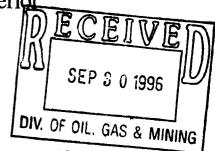




United States Department of the Interior

### **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155



In Reply Refer To 3100 SL-071010C (UT-932)

erp 2 3 1995

#### NOTICE

Burlington Resources Oil & Gas Company

801 Cherry Street, Suite 900 Fort Worth, Texas 76102

Oil and Gas

SL-071010C

#### Corporate Name Change Recognized

Acceptable evidence has been filed in this office concerning the corporate name change from Meridian Oil Inc. to Burlington Resources Oil & Gas Company.

For our purposes, the name change is recognized effective July 12, 1996, the date the Secretary of State of Delaware certified the name change.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the name change. We are notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our field offices, you will be contacted by them.

A rider to Bond No. 400IA9059 (BLM Bond No. MT0719) has been accepted by the Montana State office as of September 16, 1996, its date of receipt. The rider changed the name on the bond from Meridian Oil Inc. to Burlington Resources Oil & Gas Company.

### **ROBERT LOPEZ**

Robert Lopez
Group Leader,
Minerals Adjudication Group

#### **Enclosure**

Exhibit (1 p)

cc:

MMS, Data Management Division, P.O. Box 5860, MS 3113, Denver, Colorado 80217

Moab District Office Vernal District Office

bc:

State of Utah, ATTN: Lisha Cordova, Division of Oil, Gas and Mining, P.O. Box 145801,

Salt Lake City, Utah 84114-5801

Teresa Thompson (UT-931) Irene Anderson (UT-932)

### **Exhibit of Leases Affected**

U-61752

### OPERATOR CHANGE WORKSHEET

Attach all documentation received by the division regarding this change. Initial each listed item when completed. Write N/A if item is not applicable.

| Routing: | 1/      |
|----------|---------|
| 1-LACC   | 6-1 Per |
| 2-GL     | 7-KDR 🏏 |
| 3-DT82(5 | 8-SJ 🗸  |
| 4-VLD    | 9-FILE  |
| 5-RIF I  |         |

|                   |                                                                                      |                          |                            |                           |                                               |                       |                   | <u>5-</u>              | RJF 🗸            |             |
|-------------------|--------------------------------------------------------------------------------------|--------------------------|----------------------------|---------------------------|-----------------------------------------------|-----------------------|-------------------|------------------------|------------------|-------------|
| XXX               | Change of Ope                                                                        | rator ( <del>wel</del>   | <del>l sol</del> d)        | □ Desi                    | gnation of A                                  | gent                  |                   |                        |                  |             |
|                   | Designation of                                                                       | Operator                 |                            | xxx Ope                   | rator Name (                                  | Change <del>:</del> € | <del>Inly-</del>  |                        |                  |             |
| The               | operator of the                                                                      | wall(c) lie              | ted below                  | has change                | d affactive                                   | 7_11_9                | <u></u>           |                        |                  |             |
| THE               | operator of the                                                                      | wen(s) is                | sted below                 | lias Change               | eu, enecuve:                                  | 7-11-50               | <u> </u>          | <del></del>            |                  |             |
| TO:               | (new operator)                                                                       | BURLINGT                 | ON RESOURC                 | ES O&G CO                 | . FROM: (                                     | old oper              | ator)             | MERIDIAN               | OIL INC          |             |
|                   | • •                                                                                  |                          | A" ST BLDG                 |                           | (                                             | _                     | ress)             | PO BOX 3               |                  |             |
|                   |                                                                                      |                          | rx 79710-                  |                           |                                               | •                     | ,                 | ENGLEWOO               | D CO 80          | 155-3209    |
|                   |                                                                                      | EILEEN D.                | ANNI DEY                   |                           | _                                             |                       |                   | EILEEN I               | DANNI DEY        |             |
|                   | ,                                                                                    | Phone: _                 | (915)688–6                 | 800                       |                                               |                       |                   | Phone:                 | (303) 930-9      | 9393        |
|                   |                                                                                      | Account                  | no. <u>N7670</u>           |                           | <del>-</del>                                  |                       |                   | Account                | no. <u>N7230</u> |             |
| WEI               | LL(S) attach additi                                                                  | onal page if             | needed:                    | *KACH                     | INA, KIVA,                                    | EAST MO               | UNTAII            | N, BANNO               | CK UNIT'S        |             |
|                   | ALCONO ACTOR ACTOR                                                                   |                          |                            |                           |                                               | _                     |                   |                        |                  |             |
| Name              |                                                                                      |                          | _ API:<br>API:             |                           | Entity: Entity: Entity: Entity: Entity:       | s _                   | $-\frac{T}{T}$    | R _                    | Lease:           |             |
| Name<br>Name      |                                                                                      |                          | <del></del>                |                           | _ Enuty:<br>Entity:                           | — ş –                 | — <sup>1</sup> T  | —— R –                 | Lease:<br>Lease: |             |
| Name              |                                                                                      |                          |                            |                           | Entity:                                       | s -                   | – †               | — R -                  | Lease:           |             |
| Name              |                                                                                      |                          |                            |                           | Entity:                                       | _ s _                 | _ T               | R                      | Lease:           |             |
| Name              |                                                                                      |                          | API:                       |                           | _ Entity:                                     | s _                   | _ т [             | R _                    | Lease:           |             |
| Name              | :                                                                                    |                          | API:                       |                           | _ Entity:                                     | s _                   | _ T.              | R _                    | Lease:           |             |
| Lec<br>Lec<br>Lec | 2. (r649-8-10) to this form                                                          | Sundry o                 | r other lega<br>(9.13-96)  | al documei                | entation has be ntation has be ntacted if the | een recei             | ived fr           | om the N               | EW opera         | tor (Attach |
| 1                 | any wells in<br>file number                                                          | Utah. Is                 | the compa                  | ny register               | red with the s                                | tate? (y              | es/no)            | )                      | If yes, sho      | w company   |
| Lec               | Make note of operator cl                                                             | of BLM stanges sho       | atus in com<br>ould ordina | ments secti<br>arily take | ILY. The BL<br>ion of this for<br>place prior | m. BLM<br>to the o    | <b>I</b> appr     | oval of Fe             | deral and        | Indian well |
| Lec               | completion  5. Changes ha  (10-3-9)  6. Cardex file  7. Well file lal  8. Changes ha | ve been ei               | itered in th               | e Oil and                 | Gas Informat                                  | ion Syst              | em (32            | 270) for e             | ach well li      | sted above. |
| Lef               | 6. Cardex file                                                                       | has been                 | updated for                | r each well               | listed above                                  | . (10-3-96            | 7                 |                        |                  |             |
| Jec               | 7. Well file lal                                                                     | bels have                | been updat                 | ed for eacl               | h well listed a                               | above. /              | 103-96            | 7                      |                  |             |
|                   | distribution                                                                         | ve been in<br>to Trust I | icluded on<br>Lands, Sove  | the month<br>reign Land   | ily "Operator<br>ds, UGS, Tax                 | , Addres<br>Commi     | ss, and<br>ssion, | d Account<br>etc. (10- | Changes'         | memo for    |
| Lec               |                                                                                      | s been set<br>e during r | up for the outing and      | Operator ( processing     | Change file, a<br>of the origin               | nd a cop              | y of the          | his page h             | as been p        | laced there |

| OPERATO       | R CHANGE WORKSHEET (con ded) - Initial each item when completed. W N/A if item is not applicable.                                                                                                |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ENTITY        | REVIEW                                                                                                                                                                                           |
| <u>Lec</u> 1. | (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) If entity assignments were changed, attach copies of Form 6, Entity Action Form. |
|               | Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.                                                                              |
| BOND V        | (r649-3-1) The NEW operator of any-fee lease well listed above has furnished a proper bond.                                                                                                      |
| <u>Le</u> 1.  | (r649-3-1) The NEW operator of any-fee lease well listed above has furnished a proper bond.                                                                                                      |
|               | A copy of this form has been placed in the new and former operator's bond files.                                                                                                                 |
| <u>n/a</u> 3. | The FORMER operator has requested a release of liability from their bond (yes/no), as of today's date If yes, division response was made to this request by letter dated                         |
| FILMIN        | Copies of documents have been sent on                                                                                                                                                            |
| FILING        |                                                                                                                                                                                                  |
| 1.            | Copies of all attachments to this form have been filed in each well file.                                                                                                                        |
| 2.            | The original of this form, and the original attachments are now being filed in the Operator Change file.                                                                                         |
| СОММ          |                                                                                                                                                                                                  |
|               |                                                                                                                                                                                                  |
|               |                                                                                                                                                                                                  |
|               |                                                                                                                                                                                                  |

#### STATE OF UTAH

### D. ISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-580+

Page 2 of 2

### MONTHLY OIL AND GAS PRODUCTION REPORT

| OPERATOR NAME AND ADDRESS:                                                     |               | UTAH ACCOUNT NUMBER: N7670         |           |                                       |                    |                 |  |  |
|--------------------------------------------------------------------------------|---------------|------------------------------------|-----------|---------------------------------------|--------------------|-----------------|--|--|
| MARALENE SPAWN BURLINGTON RESOURCES OF                                         |               | REPORT PERIOD (MONTH/YEAR): 2 / 97 |           |                                       |                    |                 |  |  |
| 3300 N A ST BLDG 6 MIDLAND TX 79710-1810                                       |               | AMENDED REPORT (Highlight Changes) |           |                                       |                    |                 |  |  |
| Well Name                                                                      | Producing     | Well                               | Days      | <u> </u>                              | Production Volumes |                 |  |  |
| API Number Entity Location                                                     | Zone          | Status                             | Oper      | OIL(BBL)                              | GAS(MCF)           | WATER(BBL)      |  |  |
| HAVASU FEDERAL 12-19<br>4303731457 10654 385 24E 19                            | I SMY         |                                    |           | 11-56186                              |                    | t/Ser. Recovery |  |  |
| VHAVASU FEDERAL 12-19A≠<br>4303731459 10654 38S 24E 19<br>VNAVAJO FEDERAL 42-5 | ISMY          |                                    |           | U-56186                               | 4                  |                 |  |  |
| 4303731261 10655 395 25E 5<br>NAVAJO FEDERAL 41-5                              | ISMY          |                                    |           | U-58728                               |                    |                 |  |  |
| 4303731358 10810 395 25E 5                                                     | DSCR          |                                    |           | U-57895                               |                    |                 |  |  |
| 74301530091 10907 17S 06E 14<br>BANNOCK-FEDERAL 21-33                          | FRSD          |                                    |           | U-15202                               |                    |                 |  |  |
| J. 203731425 10923 385 24E 33                                                  | ISMY          |                                    |           | 11-40361                              |                    |                 |  |  |
| 4303731324 99990 385 23E 13<br>Arebian Federal 2                               | SAMP          | iusw                               |           | 4-20894                               | * Bem aprv. 4-2    | Sec. Lecovery   |  |  |
| 4303731282 10/54 385 24E 19<br>Hevesu Federal 11-19                            | 15my          | 10110                              |           | 4-5618Lo                              | Kechine Unit       | Sec. Lecovery   |  |  |
| 43-037-31458 10654 385 24F 19<br>V Havasu Federal 42-24 1                      | 15my          | ww                                 |           | U-56/86                               | 11                 |                 |  |  |
| <u>4303731298 lol.54 38523E24</u>                                              | 15my          | WIW                                |           | 11-20895                              |                    |                 |  |  |
|                                                                                |               |                                    |           |                                       |                    |                 |  |  |
|                                                                                |               |                                    |           | •                                     |                    |                 |  |  |
|                                                                                |               |                                    |           | · · · · · · · · · · · · · · · · · · · |                    |                 |  |  |
|                                                                                |               |                                    | TOTALS    |                                       |                    |                 |  |  |
|                                                                                |               |                                    |           |                                       |                    |                 |  |  |
| MMENTS:                                                                        |               |                                    |           |                                       |                    |                 |  |  |
|                                                                                |               |                                    |           |                                       |                    |                 |  |  |
|                                                                                |               |                                    |           |                                       |                    |                 |  |  |
| ereby certify that this report is true and complete to a                       | the best of m | y knowledge                        | <b>2.</b> | Γ                                     | Pate:              |                 |  |  |
| ne and Signature:                                                              |               |                                    |           |                                       | Telephone Number:  |                 |  |  |
| 193)                                                                           |               |                                    |           |                                       |                    |                 |  |  |

### **MERIT ENERGY COMPANY**

12222 MERIT DRIVE, SUITE 1500 DALLAS, TEXAS 75251 (972) 701-8377 (972) 960-1252 Fax



Utah Division of Oil, Gas and Mining Attn: Ms. Lisha Cordova 1594 West North Temple Suite 1210 Salt Lake City, Utah 84114

RE: Change of Operator to Merit Energy Company

**Emery and San Juan County** 

Dear Ms. Cordova:

Enclosed please find a copy of Form 3160 executed by both parties, Merit Energy and Burlington Resources.

DIV. OF OIL, GAS & MINIMG

If additional information or forms are required to process this transaction, please contact me at 972-701-8377.

Yours very truly,

MERIT ENERGY COMPANY

Martha J. Rogers

Manager, Regulatory Affairs

Form 3160-5 (June 1990)

### ✓ED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED Budget Bureau No. 1004-0135

Expires March 31, 1993 5. Lease Designation and Serial No.

| Do not use this form for proposals to drill or to deepen or re-entry to a different reservoir.  Use "APPLICATION FOR PERMIT-" for such proposals.  5. If Unit or CA, Agreement Designation  Type of Well  Oil Well  X Gas Well  Other  2. Name of Operator  BURLINGTON RESOURCES OIL & GAS COMPANY  Oil Well  A Gas Well  Other  SUBMIT IN TRIPLICATE  The Value of Tribe Name  A Gas Well  Other  Substituting Ton CA, Agreement Designation  Resource of Well  A Gas Well  A Gas Well  Other  INDIAN CREEK 14176 1 |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Type of Well Oil Well X Gas Well Other 2. Name of Operator 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |
| 2. Name of Operator 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
| ** * · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| 3. Address and Telephone No (915)688-6800 9. API Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| P. O. BOX 51810, MIDLAND, TX 79710-1810 43,015,3009100                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  10. Field and Pool, or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del> |
| 3387' FSL & 1767' FEL, SWNE FERRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |
| 14 017S 006E, SLM  11. County or Parish, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| EMERY, UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                     | —           |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | —           |
| THE OF SOBMISSION THE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _           |
| Notice of Intent Abandonment Change of Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Recompletion New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
| Subsequent Report Plugging Back Non-Routine Fracturing                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Casing Repair Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Final Abandonment Notice Altering Casing Conversion to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
| X Other CHANGE OF Dispose Water OPERATOR (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)                                                                                                                                                                                                                                                                                                                                                                       |             |
| 13. Described Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*                                                                                                                                                                                           |             |
| EFFECTIVE JANUARY 1, 1997, BURLINGTON RESOURCES OIL & GAS COMPANY, THE OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                      | OF          |
| RECORD OF THE INDIAN CREEK 14176 1 WELL, TRANSFERRED ALL OF ITS RIGHT, TITLE AND INTEREST IN WELL TO MERIT PARTNERS, L.P. (AS TO 92.4%) AND MERIT ENERGY PARTNERS III, L.P. (AS TO 7.6%), C/O M                                                                                                                                                                                                                                                                                                                      |             |
| ENERGY COMPANY, 12222 MERIT DRIVE, DALLAS, TX 75251.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| ON APRIL 1, 1997, MERIT ENERGY COMPANY, GENERAL PARTNER FOR MERIT PARTNERS, L.P. AND MENERGY PARTNERS III, L.P., WILL TAKE OVER PHYSICAL OPERATIONS OF SAID WELL ON BEHALF OF LIMITED PARTNERSHIPS.                                                                                                                                                                                                                                                                                                                  |             |
| 14. I hereby certify that the foregoing is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Signed Title Attorney-in-Fact Date March 31, 1997  Kent Beers                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _           |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

Title

(This space for Federal or State office use)

Condition of Approval, If any:

Approved By

DIV. OF OIL, GAS & MINING

# CHANGE OF OPERATOR STATE OF - UT

| COUNTY  | FIELD NAME             | WELL NAME                      | STR           | LSE#        | WELLTYPE.      | APIWELL         | COMM NO.       | FED CNTRL  | ST  | CNTRL                     |
|---------|------------------------|--------------------------------|---------------|-------------|----------------|-----------------|----------------|------------|-----|---------------------------|
| EMERY   | EAST MOUNTAIN , FERRON | EAST MOUNTAIN FEDERAL<br>13-35 | 35 016S 008E  | /l ML-27626 | GAS WELL       | 43,015,3023000  | UT060P49-67U69 | 57287U6920 | 025 | 1156933                   |
| EMERY   | EAST MOUNTAIN ,FERRON  | EAST MOUNTAIN FEDERAL<br>32-23 | 23 016S 006E  |             | GAS WELL       | 43,015,3023100  | UT060P49-87U69 | 57287U6920 | 025 | u17634                    |
| EMERY   | FERRON FERRON          | INDIAN CREEK 021762 3          | 02 017S 006E  | 7 ML-27626  | GAS WELL       | 43,015,3017500  |                | 57267U6920 | 025 | ü15204                    |
| EMERY   | FERRON ,FERRON         | INDIAN CREEK 1                 | 02 017S 006E  | ML-27626    | GAS WELL       | 43,015,3008200  |                | 57287U6920 | 025 | m1-27626                  |
| EMERY   | FERRON FERRON          | INDIAN CREEK 101765            | 10 017S 006E  | 7. ML-27626 | GAS WELL       | 43,015,3011700  |                | 57287U6920 | 025 | 115203                    |
| EMERY   | FERRON FERRON          | INDIAN CREEK 14176 1           | 14 017S 006E  | UTU15202    | GAS WELL       | 43,015,3009100  |                | UTU15202   | 109 | 1115202                   |
| MAUL MA | BANNOCK, ISMAY         | BANNOCK FEDERAL 21-33          | 33 038S 024E  | UTU60766    | OIL WELL       | 43,037,3142500  | 60786A         | UTU60786A  | 109 | u 40361                   |
| NAUL NA | KACHINA ,CUTLER        | WASH UNIT 2                    | 13 038S 023E  | UTU20894    | WATER SOURCE   | 43,037,3132400  |                | UTU20894   | 106 | 11 30594 tto Water Rights |
| NAUL NA | KACHINA ,ISMAY         | ARABIAN FEDERAL 2              | 19 038S 024E  | UTU58186    | WATER INJECTED | 43,037,3126200  |                | UTU56186   | 106 | 1154-186                  |
| AN JUAN | KACHINA ,ISMAY         | HAVASU FEDERAL 11-19           | 19 038S 024E  | UTU58186    | WATER INJECTED | 43,037,31 45800 |                | UTU56186   | 106 | 11.56.186                 |
| AN JUAN | KACHINA ,ISMAY         | HAVASU FEDERAL 12-19           | 19 038\$ 024E | UTU56186    | OIL WELL       | 43,037,3145700  |                | UTU56186   | 106 | u 56186                   |
| NAUL NA | KACHINA ISMAY          | HAVASU FEDERAL 12-19A          | 19 038\$ 024E | UTU56186    | OIL WELL       | 43,037,3145900  |                | UTU56166   | 106 | 1156.186                  |
| AN JUAN | KACHINA ,ISMAY         | HAVASU FEDERAL 22-19           | 19 038S 024E  | UTU56186    | OIL WELL       | 43,037,3127800  |                | UTU56166   | 106 | 456186.                   |
| NAUL W  | KACHINA JSMAY          | HAVASU FEDERAL 41-24           | 24 038S 023E  | UTU20895    | OIL WELL       | 43,037,3127900  |                | UTU20895   | 106 |                           |
| NAUL MA | KACHINA JSMAY          | HAVASU FEDERAL 42-24           | 24 038S 023E  | UTU20895    | WATER INJECTED | 43,037,3129800  |                | UTU20895   | 106 | li 20895<br>li 20895      |

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### CHANGE OF OPERATOR STATE OF - UT

| COUNTY    | FIELD NAME                  | WELL NAME                 | <u>STR</u>    | LSE#     | WELLTYPE       | APIWELL        | COMM NO. | FED CNTRL         | ST  | CNTRL                   |
|-----------|-----------------------------|---------------------------|---------------|----------|----------------|----------------|----------|-------------------|-----|-------------------------|
| NAUL NAZ  | KACHINA JISMAY-DESERT CREEK | ARABIAN FEDERAL 3         | 19 036S 024E  | UTU56186 | OK WELL        | 43,037,3128700 |          | UTU56186          | 106 | U56 186                 |
| NAUL NA   | KIVA (UPPER ISMAY) ,CUTLER  | NAVAJO FEDERAL 42-9       | 09 039S 025E  | U-52333  | WATER SOURCE   | 43,037,3126300 |          |                   |     | U52333 to water Rights  |
| MAUL MA   | KIVA (UPPER ISMAY) ,ISMAY   | KIVA FEDERAL 24-4         | 04 039S 025E  |          | OIL WELL       | 43,037,3174500 |          | 83687U6890        | 099 | USA-452333              |
| MAUL MA   | KIVA (UPPER ISMAY) JSMAY    | NAVAJO FEDERAL (WIW) 4-1  | 04 039S 025E  |          | WATER INJECTED | 43,037,3111200 |          | 83687U6890        | 099 | U52332                  |
| AN JUAN   | KIVA (UPPER ISMAY) JSMAY    | NAVAJO FEDERAL (WIW) 43-6 | 04 039S 025E  |          | WATER INJECTED | 43,037,3131700 |          | <b>63687U6890</b> | 099 | U 58728                 |
| NAUL NA   | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 12-4       | 04 039S 025E  |          | WATER INJECTED | 43,037,3139500 |          | 83687U6890        | 099 | U52333                  |
| NAUL NA   | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 14-4       | 04 009S 025E  |          | WATER INJECTED | 43,037,3132100 |          | 63687U6890        | 099 | U52333                  |
| NAUL N    | KIVA (UPPER ISMAY) JSMAY    | NAVAJO FEDERAL 21-9       | 09 039S 025E  |          | WATER INJECTED | 43,037,3126700 |          | 63687U6890        | 099 | U 52333                 |
| NAUL N    | KIVA (UPPER ISMAY) JSMAY    | NAVAJO FEDERAL 23-4       | 04 039S 025E  |          | WATER INJECTED | 43,037,3125900 |          | 83687U6890        | 099 | U59333                  |
| MAUL N    | KIVA (UPPER ISMAY) JSMAY    | NAVAJO FEDERAL 4-1        | 04 039S 025E  |          | OIL WELL       | 43,037,3111200 |          | 83687U6890        | 099 | U52333                  |
| IN JUAN   | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 4-2        | 04 039S 025E  |          | OIL WELL       | 43,037,3116100 |          | 83687U6890        | 099 | U 52333                 |
| - NAUL NA | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 4-4        | 04 039S 025E  |          | OIL WELL       | 43,037,3117900 |          | 83687U6890        | 099 | U52333                  |
| NAUL NA   | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 42-5       | 05 039\$ 025E |          | OIL WELL       | 43,037,3126100 |          | 83687U6890        | 106 | U58728                  |
| NAUL N    | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 43-5       | 04 039\$ 025E |          | OIL WELL       | 43,037,3131700 |          | 83687U6890        | 099 | U 58728                 |
| NAUL N    | KIVA (UPPER ISMAY) ,ISMAY   | NAVAJO FEDERAL 9-1        | 09 039\$ 025E |          | OIL WELL       | 43,037,3100100 |          | 83687U6890        | 099 | L 52333                 |
| NAUL YU   | KIVA (UPPER ISMAY) ,WINGATE | NAVAJO FEDERAL 42-9       | 09 039\$ 025E |          | WATER SOURCE   | 43,037,3126300 |          | 83687U6890        | 099 | 452333 (To world Rights |

### CHANGE OF OPERATOR STATE OF - UT

| COUNTY   | FIELD NAME            | WELL NAME                     | <u>STR</u>    | LSE#     | WELLTYPE | APIWELL        | COMM NO. | FED CNTRL | ST  | CNTRL   |
|----------|-----------------------|-------------------------------|---------------|----------|----------|----------------|----------|-----------|-----|---------|
| MAUL MAZ | KIVA ,DESERT CREEK    | NAVAJO FEDERAL 41-5           | 05 039S 025E  | UTU57896 | OIL WELL | 43,037,3135800 |          | U7U57895  | 108 | Ü 57895 |
| san Juan | LION MESA, CANE CREEK | HATCH POINT FEDERAL 27-<br>1A | 27 027\$ 021E | UTU20016 | OIL WELL | 43,037,3051800 |          | UTU20016  | 028 | 420016  |

Form 3160-5 (June 1990)

### DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

Budget Bureau No. 1004-0135 Expires March 31, 1993

### SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or re-entry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.

6. If Indian, Allottee or Tribe Name

5. Lease Designation and Serial No.

UTU15202

| SUBMIT IN                                                  | TRIPLICATE                                                                                                | 7. If Unit or CA, Agreement Designation                                                               |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. Type of Well                                            |                                                                                                           |                                                                                                       |
| Oil Well X Gas V                                           | Vell Other                                                                                                |                                                                                                       |
| 2. Name of Operator                                        |                                                                                                           | 8. Well Name and No.                                                                                  |
| MERIT ENERGY COMPANY                                       | NO)ECEIVEIN                                                                                               | INDIAN CREEK 14176 % 2 VB 4/21/9                                                                      |
| 3. Address and Telephone No (972) 701-8377                 |                                                                                                           | 9. API Well No.                                                                                       |
| 12222 MERIT DRIVE, DALLAS, TX 752                          |                                                                                                           | 43,015,3009100                                                                                        |
| 4. Location of Well (Footage, Sec., T., R., M.,            | or Survey Description)                                                                                    | 10. Field and Pool, or Exploratory Area                                                               |
| 3387' FSL & 1767' FEL , SWNE                               |                                                                                                           | FERRON ,FERRON                                                                                        |
| 14 017S 006E, SLM                                          | DIV. OF OIL, GAS & MERCHG                                                                                 | 11. County or Parish, State                                                                           |
|                                                            |                                                                                                           | EMERY, UT                                                                                             |
|                                                            | (s) TO INDICATE NATURE OF NOTICE,                                                                         |                                                                                                       |
| TYPE OF SUBMISSION                                         | TYPE OF                                                                                                   | ACTION                                                                                                |
|                                                            |                                                                                                           | <b>7</b> -: •••                                                                                       |
| Notice of Intent                                           | Abandonment                                                                                               | Change of Plans                                                                                       |
|                                                            |                                                                                                           | Now Construction                                                                                      |
|                                                            | Recompletion                                                                                              | New Construction                                                                                      |
| Subsequent Report                                          | Plugging Back                                                                                             | Non-Routine Fracturing                                                                                |
| Subsequent Report                                          | I I I I I I I I I I I I I I I I I I I                                                                     | Non-Noutlie Flacturing                                                                                |
|                                                            | Casing Repair                                                                                             | Water Shut-Off                                                                                        |
|                                                            |                                                                                                           |                                                                                                       |
| Final Abandonment Notice                                   | Altering Casing                                                                                           | Conversion to Injection                                                                               |
|                                                            |                                                                                                           | <u> </u>                                                                                              |
|                                                            | X Other CHANGE OF                                                                                         | Dispose Water                                                                                         |
|                                                            | OPERATOR                                                                                                  | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| •                                                          |                                                                                                           | Completion of Recompletion Report and 208 to the                                                      |
| 13 Described Proposed or Completed Operations (Cle         | I<br>arly state all pertinent details and give pertinent dates incl                                       | uding estimated date of starting any proposed                                                         |
| work. If well is directionally drilled, give subsurfa      | ce locations and measured and true vertical depths for all                                                | markers and zones pertinent to this work.)*                                                           |
|                                                            |                                                                                                           |                                                                                                       |
|                                                            |                                                                                                           | S OIL & GAS COMPANY, THE PRIOR                                                                        |
| OPERATOR OF RECORD, TRANSFERE                              | RED ALL RIGHT, TITLE AND INTERES                                                                          | T IN THE INDIAN CREEK 14176 1 WELL                                                                    |
| TO MERIT PARTNERS, L.P. (AS TO                             | 92.4%) AND MERIT ENERGY PARTN                                                                             | ERS III, L.P. (AS TO 7.6%), C/O MERIT                                                                 |
| ENERGY COMPANY, 12222 MERIT DI                             | RIVE, DALLAS, TX 75251. ON APRIL 1                                                                        | , 1997, MERIT ENERGY COMPANY, THE                                                                     |
| GENERAL PARTNER FOR MERIT PA                               | ARTNERS, L.P. AND MERIT ENERGY                                                                            | PARTNERS III, L.P., WILL TAKE OVER                                                                    |
|                                                            |                                                                                                           | TNERSHIPS AND IS CONSIDERED TO BE                                                                     |
| THE OPERATOR OF SAID WELL AS O                             | F THAT DATE.                                                                                              |                                                                                                       |
|                                                            |                                                                                                           |                                                                                                       |
|                                                            |                                                                                                           | AND CONDITIONS OF THE LEASE FOR                                                                       |
|                                                            |                                                                                                           | RAGE IN THE AMOUNT OF \$150,000 FOR                                                                   |
|                                                            |                                                                                                           | , IN FAVOR OF THE BUREAU OF LAND                                                                      |
| MANAGEMENT, U. S. DEPARTMENT                               |                                                                                                           |                                                                                                       |
| 14. I hereby certify that the foregoing is true as         | nd correct.                                                                                               |                                                                                                       |
| simul latt kl                                              | Title Manager, Regulatory Affairs                                                                         | Date March 31, 1997                                                                                   |
| Signed Cathy Martha Rogers                                 | Titte International Property Control                                                                      | Duce Made 11, 1227                                                                                    |
| (This space for Federally Specific 949 almer               |                                                                                                           |                                                                                                       |
|                                                            | Assistant 5: 11-                                                                                          | APR 2.3 190T                                                                                          |
| Approved By                                                | Title Maistant Field Mai                                                                                  | ager, — Arra Caralle                                                                                  |
| Condition of Approval, If any:                             | Title Assistant Field Mar<br>Resource Manage                                                              | ement                                                                                                 |
| Title 18 U.S.C. Section 1001, makes it a crime for any     | person kadwinery and halffoliy to make to any department ations as to any matter within its jurisdiction. | nt of agancy of the Linited States                                                                    |
| any false, fictitious or fraudulent statement or represent | ations as to any matter within its jurisdiction. MOVAL                                                    | - ATTACHEU                                                                                            |

Merit Energy Company Well No. Indian Creek 14176-2 SWNE Sec. 14, T. 17 S., R. 6 E. Emery County, Utah

### **CONDITIONS OF APPROVAL**

Approval of this application does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Be advised that Merit Energy Company is considered to be the operator of the above well and is responsible under the terms and conditions of the lease for the operations conducted on the leased land.

Bond coverage for this well is provided by BLM Bond WY3011 (Principle - Merit Energy Company) as provided for in 43 CFR 3104.2.

This office will hold the aforementioned operator and bond liable <u>until</u> the provisions of 43 CFR 3106.7-2 continuing responsibility are met.

| · •            | •                   |                   |                                |                            |                             | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|---------------------|-------------------|--------------------------------|----------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Division of C  | Oil, Gas and Mining |                   |                                |                            |                             | Routing/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ÒPER.          | ATOR CHA            | NGE WOR           | KSHEET                         |                            |                             | 1-IFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                |                     |                   |                                |                            |                             | 2-GL 7-KAS 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Attach al      | I documentation     | received by the   | division regarding this        | change.                    |                             | 3-DPS 8-SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Initial eac    | ch listed item wh   | nen completed.    | Write N/A if item is not       | t applicable.              |                             | 4-VLD 9-FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                |                     |                   |                                |                            |                             | S-JRB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | nge of Operat       | •                 | •                              | esignation of Agent        |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Desi         | ignation of O       | perator           | □ O <sub>I</sub>               | perator Name Chang         | e Only                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |                     |                   |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The oper       | rator of the w      | ell(s) listed b   | elow has changed,              | effective: 4-1-97          | <u></u>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •              |                     | •                 |                                | _                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TO: (ne        | w operator)         | *****             | RGY COMPANY                    | FROM: (old ope             | erator)                     | BURLINGTON RESOURCES O&G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | (address)           | 12222 MER         | IT DR STE 1500                 | <del></del>                | (address)                   | 3300 N A ST BLDG 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                |                     | DALLAS TX         |                                | <del></del>                |                             | MIDLAND TX 79710-1810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                |                     | MARTHA RO         |                                |                            |                             | MARALENE SPAWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                |                     |                   | 2) 701–8377                    | \ <b>_\</b>                |                             | Phone: (915)688-6800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                |                     | Account no.       | <u>N4900 (4-30</u> -9          | 17)                        |                             | Account no. N7670                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | C)                  | <b>1:c</b>        | L.J. AWACIII                   | INA INTO (CECOND           | ADV DECOV                   | en <b>v</b> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| W ELL(         | S) attach addition  | onai page ii need | led: ~KACH.                    | INA UNIT (SECONDA          | AKI KECUY                   | ERI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name: *        | *SEE ATTAC          | HED**             | API: 43-015-30                 | 1011 Entity:               | S T                         | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name: _        |                     |                   | API:                           | Entity:                    | S T                         | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name:          |                     |                   | API:                           | Entity:                    | $\frac{s}{s} - \frac{T}{T}$ | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name:<br>Name: |                     |                   | API:                           | Entity:<br>Entity:         |                             | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name:          |                     |                   | API:                           | Entity:                    | s T                         | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Vame:          |                     |                   | API:                           | Entity:                    | <u>S T</u>                  | R Lease:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OPERA          | TOR CHAN            | ICE DOCUM         | MENTATION                      |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |                     | •                 |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <i>lu</i> 1.   |                     |                   | er legal documenta             | tion has been receive      | ed from the                 | FORMER operator (attach to this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>.</b> *     | form). Le           | 1 4397)           |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1<br>(2) 2.    | (r649-8-10)         | Sundry or o       | ther legal docume              | ntation has been rec       | eived from                  | the NEW operator (Attach to this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ·              | form). (L.          |                   |                                |                            |                             | • `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4              |                     | ,                 |                                | 1:0.1                      | 1                           | and the second s |
| <u>fe</u> C 3. | The Depart          | tment of Cou      | mmerce has been                | contacted if the new       | operator at                 | pove is not currently operating any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4              | # <i>Co198545</i>   | in. Is the con    | ipaliy registereu v<br>-13-47) | vitil the state: (yes      | /IIO)                       | If yes, show company file number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| /              |                     |                   |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12C 4.         | FOR INDIA           | IN AND FEI        | DERAL WELLS O                  | NLY. The BLM ha            | s been cont                 | acted regarding this change. Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | note of BLI         | M status in co    | omments section o              | of this form. BLM a        | pproval of                  | Federal and Indian well operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | through 9 b         |                   | ly take place prior            | to the division's ap       | provai, and                 | before the completion of steps 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1/             | iniough 70          | Clow.             |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>jie</u> 5.  | Changes hay         | ve been enter     | ed in the Oil and (            | Gas Information Sy         | stem (3270                  | ) for each well listed above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| las c          | (4-30-1             |                   | l-4- d <b>C</b> l 11           | listed above.              | _                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Kec. 6.<br>7   | Cardex file         | nas been upo      | lated for each well            | listed above. (5-30-       | 47)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lec 7.         | Well file lab       | oels have bee     | n updated for each             | well listed above. (       | 5-30-97                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LC 8.          | Changes have        | e heen includ     | ed on the monthly              | "Operator Address          | and Accoun                  | nt Changes" memo for distribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u> </u>       | to Trust Lan        | ds. Sovereign     | Lands. UGS. Tax                | Commission, etc.           | and Accoun                  | The Calonidate and along the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ĺ.             | (4-304              | <del>(2)</del>    |                                |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>Lic</u> 9.  |                     |                   |                                |                            |                             | nis page has been placed there for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | reference du        | ring routing a    | and processing of t            | <u>he original documen</u> | ts.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| OPERATOR CHANGE WORKSHEET (cannued) - Initial each item when completed. Write A if item is not applicable.                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ENTITY REVIEW                                                                                                                                                                                      |
| 1. (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made (yes/no) If entity assignments were changed, attach copies of Form 6, Entity Action Form. |
| 2. Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of enti-<br>changes.                                                                           |
| BOND VERIFICATION - (FEE WELLS ONLY)                                                                                                                                                               |
| 1. (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.                                                                                                     |
| 2. A copy of this form has been placed in the new and former operator's bond files.                                                                                                                |
| The FORMER operator has requested a release of liability from their bond (yes/no), as of today's date  If yes, division response was made to this request by letter dated                          |
| LEASE INTEREST OWNER NOTIFICATION OF RESPONSIBILITY                                                                                                                                                |
| 1. Copies of documents have been sent on to at Trust Lands for change involving State leases, in order to remind that agency of their responsibility to review for proper bonding.                 |
| 2. (r649-2-10) The former operator of any fee lease wells listed above has been contacted and informed by letter dated                                                                             |
| FILMING                                                                                                                                                                                            |
| 1. All attachments to this form have been microfilmed. Today's date: 10097.                                                                                                                        |
| FILING                                                                                                                                                                                             |
| 1. Copies of all attachments to this form have been filed in each well file.                                                                                                                       |
| 2. The original of this form, and the original attachments are now being filed in the Operator Change file.                                                                                        |
| COMMENTS                                                                                                                                                                                           |
| 970430 BLM/aprv. 4-2397.                                                                                                                                                                           |
|                                                                                                                                                                                                    |
|                                                                                                                                                                                                    |
|                                                                                                                                                                                                    |

Form 3160-5 (November 1994)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

#### SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No. U - 15202

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                                                                                 |                                                      |                | 6. If Indian,                         | 6. If Indian, Allottee or Tribe Name             |  |  |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------|---------------------------------------|--------------------------------------------------|--|--|
|                                                                                                                         | PLICATE - Other Instru                                                                          |                                                      |                | 寒 57287U                              | r CA/Agreement, Name and/or No.<br>6920<br>Creek |  |  |
| 1. Type of Well  Oil Well  Gas Well Other                                                                               |                                                                                                 |                                                      |                | 8. Well Na                            | me and No.                                       |  |  |
| 2. Name of Operator Merit Energy Comp                                                                                   |                                                                                                 |                                                      |                | 9. API Wel                            |                                                  |  |  |
| 3a. Address<br>12222 Merit Dr., Dall                                                                                    |                                                                                                 | 3b. Phone No. (incli<br>972-701-837                  |                | 43-015<br>10. Field and               | d Pool, or Exploratory Area                      |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 3387 FSL & 1767 FEL                              |                                                                                                 |                                                      |                | or Parish, State                      |                                                  |  |  |
| Sec. 14-17S-6E                                                                                                          |                                                                                                 |                                                      |                | Emery Co., Utah                       |                                                  |  |  |
| 12. CHECK AP                                                                                                            | PROPRIATE BOX(ES) T                                                                             | O INDICATE NAT                                       | URE OF NOTIC   | E, REPORT, O                          | R OTHER DATA                                     |  |  |
| TYPE OF SUBMISSION                                                                                                      |                                                                                                 | •                                                    | TYPE OF ACTION |                                       |                                                  |  |  |
|                                                                                                                         | Acidize                                                                                         | Deepen Deepen                                        | Production     | (Start/Resume)                        | Water Shut-Off                                   |  |  |
| Notice of Intent                                                                                                        | Alter Casing                                                                                    | Fracture Treat                                       | Reclamation    | n                                     | Well Integrity                                   |  |  |
| Subsequent Report                                                                                                       | Casing Repair                                                                                   | New Construction                                     | n Recomplet    | e                                     | Other                                            |  |  |
| _                                                                                                                       | Change Plans                                                                                    | Plug and Abando                                      | n 🔲 Temporarii | y Abandon                             |                                                  |  |  |
| Final Abandonment Notice                                                                                                | Convert to Injection                                                                            | Plug Back                                            | Water Disp     |                                       | work and approximate duration thereo             |  |  |
|                                                                                                                         | cently SISITP 10<br>equipment as neede                                                          |                                                      | ell back to    | ECE<br>Nov 2                          | IVEN                                             |  |  |
| 14. I hereby certify that the foreg Name (Printed/Typed)                                                                | oing is true and correct                                                                        | Titl                                                 | e              | 1 .                                   |                                                  |  |  |
| Martha J. Rogers                                                                                                        | 7                                                                                               | Da                                                   | Manager, R     | egulatory A                           | Arrairs                                          |  |  |
| Signature                                                                                                               | + bagers                                                                                        |                                                      | 11/19/9        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                                  |  |  |
| Thankal Wood                                                                                                            | THIS SPAC                                                                                       | E FOR FEDERAL (                                      | OR STATE OFFIC | E USE                                 | <del></del>                                      |  |  |
| Approved by                                                                                                             |                                                                                                 |                                                      | Title          |                                       | Date                                             |  |  |
| Conditions of approval, if any, a certify that the applicant holds                                                      | are attached. Approval of this legal or equitable title to those to conduct operations thereon. | notice does not warrant<br>rights in the subject lea | Office<br>se   |                                       |                                                  |  |  |

Form 3160-5 (November 1994)

#### 

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB No. 1004-0135 Expins July 31, 1996

| 5. | Lease | Scusi | NO. |
|----|-------|-------|-----|
|    |       |       |     |

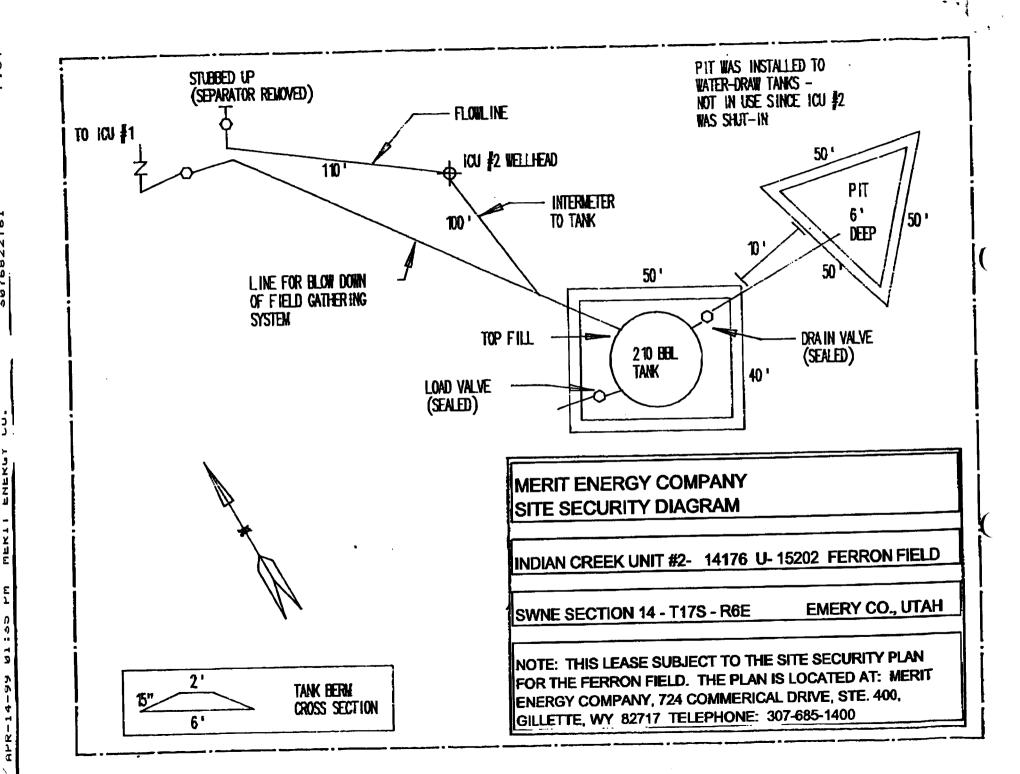
U-15202

| 7  | If Indian   | , Allottee or Tribe Name  |  |
|----|-------------|---------------------------|--|
| v. | TT TITOTION | ' WHOMOS OF THESE LANDING |  |

| abandoned well. U                                                                                                                              | se Form 3160-3 (APD) for                | r such pro   | oosals.          |                               |                            |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|------------------|-------------------------------|----------------------------|-----------------------------|
| SUBMIT IN TRIPLICA                                                                                                                             | TE - Other insuration                   | a comes:     | oreografije      | 7.                            | If Unit or CA/A            | greement, Name and/or No.   |
| 1. Type of Well                                                                                                                                |                                         |              |                  | Ea                            | st Mountair                | )                           |
| 1. Type of Well                                                                                                                                | Other                                   |              |                  | 8.                            | Well Name and              | No. 7                       |
| 2. Name of Operator                                                                                                                            |                                         |              |                  | Inc                           | dian Creek 1               | 12) -                       |
| Merit Energy Company                                                                                                                           |                                         |              |                  | 9.                            | API Well No.               |                             |
| 3a. Address                                                                                                                                    | 3                                       | b. Phone N   | o. (include area |                               | -015-30091                 |                             |
| 12222 Merit Dr., Suite 15                                                                                                                      | 00. Dallas, TX. 75251                   | 972-701      | -8377            | 10.                           | Field and Pool,            | or Exploratory Area         |
| 4. Location of Well (Footage, Sec., T., R.,                                                                                                    | M., or Survey Description)              |              |                  | Inc                           | dian Creek                 |                             |
| 3387' FSL & 1767' FEL (                                                                                                                        |                                         |              |                  | 11.                           | County or Paris            | ih, State                   |
| Section 14-T17S-R6E                                                                                                                            | ·                                       |              |                  | <u> </u>                      |                            |                             |
|                                                                                                                                                |                                         |              |                  | Eı                            | nery County                | , Utan                      |
| 12. CHECK APPROPRIATE BOX(ES                                                                                                                   | S) TO INDICATE NATURE                   | OF NOTICE    |                  |                               | TA                         |                             |
| TYPE OF SUBMISSION                                                                                                                             |                                         |              | TYPE (           | OF ACTION                     |                            |                             |
| Notice of Intent                                                                                                                               | Acidize [                               | Deepen       | X                | Production (Sta               | rt/Resume) [               | Water Shut-Off              |
|                                                                                                                                                | Alter Casing                            | Fracture 7   | reat _           | Reclamation                   | Ţ                          | Well Integrity              |
| X Subsequent Report                                                                                                                            | Casing Repair                           | New Cons     |                  | Recomplete                    | L                          | Other                       |
|                                                                                                                                                | Change Plans                            | Plug and     |                  | Temporarily Al Water Disposal |                            |                             |
| Final Abandonment Notice  13. Describe Proposed or Completed Operations                                                                        | Convert to Injection                    | Plug Back    |                  | -                             |                            | duration thereof            |
| 7/30/98 Resumed prod Well Site Diag                                                                                                            |                                         | edial work   |                  | DE C                          | E [ V<br>R <b>2</b> 1 1999 |                             |
| 14. I hereby certify that the foregoing is true and correct  Name (Printed Typed) Arlene Valliquette  Title  Manager - Regulatory Affairs      |                                         |              |                  |                               |                            |                             |
| Signature Date 4/16/99                                                                                                                         |                                         |              |                  |                               |                            |                             |
| Signature Welliamette 4/16/99 THE SPACE FOR FEDERAL OF STATE URE                                                                               |                                         |              |                  |                               |                            |                             |
|                                                                                                                                                | (HEQ1226)                               | ************ |                  | 100100                        | Date                       |                             |
| Approved by                                                                                                                                    | •                                       | Ti           | lie.             |                               | Date                       |                             |
| Conditions of approval, if any, are attached. certify that the applicant holds legal or equits which would entitle the applicant to conduct or | able title to those rights in the subje | arrant or O  | fice             |                               |                            |                             |
|                                                                                                                                                |                                         |              |                  | 4                             | aftha I britad Cto         | ter any false fictitious or |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or

fraudulent statements or representations as to any matter within its jurisdiction.





### **United States Department of the Interior**



BUREAU OF LAND MANAGEMENT
Utah State Office
P.O. Box 45155
Salt Lake City, UT 84145-0155
http://www.blm.gov

IN REPLY REFER TO: 3106 (UT-922)

August 15, 2005

#### Memorandum

To:

Moab Field Office

From:

Acting Chief, Branch of Fluid Minerals

Subject:

Name Change Approval

Attached is an approved copy of the name change recognized by the Wyoming State Office. We have updated our records to reflect the name change from Merit Partners L.P. into Merit Management Partners I, L.P. The name change was approved effective September 23, 2004.

Teresa L. Catlin

Acting Chief, Branch of

Fluid Minerals

#### Enclosure

Articles of Organization (4 pp)

cc:

MMS, Reference Data Branch, James Sykes, PO Box 25165, Denver CO 80225

State of Utah, DOGM, Attn: Earlene Russell, PO Box 145801, SLC UT 84114

Teresa Thompson

Joe Incardine

Connie Seare

Dave Mascarenas

Susan Bauman

RECEIVED AUG 1 6 2005



## United States Department of the Interior

#### BUREAU OF LAND MANAGEMENT

Wyoming State Office P.O. Box 1828 Cheyenne, Wyoming 82003-1828

3106.8 (921Jensen)

PHONE NO: (307) 775-6252 (307) 775-6173 FAX NO:

Dallas, TX 75240

AUG 0 5 2005

Merit Management Partners I L.P. 13727 Noel Road, Ste 500

### Name Change Recognized

Acceptable evidence has been received in this office concerning the name change of Merit Partners L.P. into Merit Management Partners I, L.P.

For our purposes, this name change is recognized effective September 23, 2004.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the name change. This exhibit was compiled from a list of leases obtained from our Legacy Rehost System (LR2000) showing record title (lessee) interest and rights-of-way grants.

To document case files of leases with operating rights, working interests, or overriding royalties, Merit Management Partners I L. P. must submit a list of leases numbers. Our office does not record these types of ownership in our automated system. A request was made from your company for a list of lease numbers affected by this name change. Your verbal response was we should use the list of leases we have in our automated system. We have provided a copy of this printout with this notice for your information.

We have not abstracted the lease files to determine the accuracy of any record title, operating rights, working interests or overriding royalty percentage interests. This notice is intended only to recognize a legal change of company name. Any conflicts of record title interest ownership will have to be addressed on an individual level with documents recorded in the case files.

Our office will submit a copy of this notice to the Minerals Management Service and all other Bureau of Land Management offices. If additional documentation for changes of operator is required by our field offices, you will be contacted by them.

If you identify additional leases affected by this name change, please contact this office and we will document those files with a copy of this Notice.

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:35 PM 09/23/2004
FILED 06:20 PM 09/23/2004
SRV 040691017 - 2286808 FILE

#### STATE OF DELAWARE

## AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP

MERIT PARTNERS, L.P.
(NEW NAME: MERIT MANAGEMENT PARTNERS I, L.P.)

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST:

The name of the Limited Partnership is Merit Partners, L.P.

SECOND: The Certificate of Limited Partnership is amended and restated to read in its entirety as follows:

- 1. The name of the Limited Partnership is Merit Management Partners I, L.P.
- 2. The address of the registered office of the Limited Partnership in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808. The Limited Partnership's registered agent at that address is Corporation Service Company.
- 3. The name of the general partner is Merit Energy Company, a Delaware corporation, and the mailing address and street address of the business of such general partner is 13727 Noel Road, Suite 500, Dallas, Texas 75240.

IN WITNESS WHEREOF, the undersigned, being the sole general partner of the Limited Partnership, has caused this Amendment to the Certificate of Limited Partnership to be duly executed on the 15th day of September, 2004.

MERIT ENERGY COMPANY.

Bv:

Bonnie C. Shea, President

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MERIT PARTNERS, L.P.", CHANGING ITS NAME FROM "MERIT PARTNERS, L.P." TO "MERIT MANAGEMENT PARTNERS I, L.P.", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2004, AT 6:20 O'CLOCK P.M.

CHEYENNE, WYOMING

05 MAY -9 AM 9: OC



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3841741

DATE: 04-27-05

2286808 8100

050341031

3106.8 (921Jensen) Page 2

Please direct any questions concerning this correspondence to Ronelle L. Jensen at (307) 775-6252.

Pamela J. Lewis

Chief, Branch of Fluid Minerals Adjudication

#### Attachment

cc:

Name Change Log
Public Room Name Change Log
(921Judy)
(921Jensen)
(921Olsen)
All State Offices
MMS
Casper, RMG Sharon Taylor

### Minerals Field Offices

Denise Oliverius, Buffalo FO
Newcastle FO
Ellen Burris, Casper FO
Beth Holden, Rawlins FO
Dorothy Savage, Rock Springs FO
Debbie Larsen, Lander FO
Jean Cattelan, Kemmerer FO
Karen Olsen, Pinedale FO
Cara Blank, Cody FO
Kelly Lyman, Worland FO

LLE: Judy Nordstrom MEMO WRITTEN: August 15, 2005 Name of Company: OLD **NEW NID** Merit Partners L.P. Merit Manaagement Partners I, L.P. 12222 Merit Drive, Suite 1500 13727 Noel Road, Suite 500 Dallas TX 75251 Dallas TX 75240 September 23, 2004 (940) NAME CHANGE RECOGNIZED (DATE) (817) CORPORATE MERGER RECOGNIZED (DATE) 43-015-30091 UTU-15202 ✓ 175 6E 10 43-015-30117 UTU-15203 / 178 6E 02 43-015-30175 UTU-15204 / 43-015-30231 165 6E 23 UTU-17024 ✓ UTU-19281 43-037-30518 378 31E 37 UTU-20016 ✓ UTU-24606 UTU-51045 UTU-51046 UTU-51047 UTU-56932 43-015-30230 165 6E 35 UTU-56933 ✓ UTU-56934 UTU-67568

12/6/05 Note: No operator Change reguested at DOGM. ER

Sundry Number: 65744 API Well Number: 43015300910000

|                                                                                                                                                                                                                                                  | FORM 9                                                                                                |                                                                                     |                                                                              |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                  | 5.LEASE DESIGNATION AND SERIAL NUMBER: UTU-15202                                                      |                                                                                     |                                                                              |  |  |
| SUNDR                                                                                                                                                                                                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                                 |                                                                                     |                                                                              |  |  |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |                                                                                                       |                                                                                     | 7.UNIT or CA AGREEMENT NAME:                                                 |  |  |
| 1. TYPE OF WELL Gas Well                                                                                                                                                                                                                         |                                                                                                       |                                                                                     | 8. WELL NAME and NUMBER:<br>INDIAN CREEK 14176-1                             |  |  |
| 2. NAME OF OPERATOR: MERIT ENERGY COMPANY                                                                                                                                                                                                        |                                                                                                       |                                                                                     | <b>9. API NUMBER:</b> 43015300910000                                         |  |  |
| 3. ADDRESS OF OPERATOR:<br>13727 Noel Rd Ste 500, Da                                                                                                                                                                                             |                                                                                                       | PHONE NUMBER:<br>28-1540 Ext                                                        | 9. FIELD and POOL or WILDCAT:<br>FLAT CANYON                                 |  |  |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: 3387 FSL 1767 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SWNE Section: 14 Township: 17.0S Range: 06.0E Meridian: S                                                                       |                                                                                                       |                                                                                     | COUNTY:<br>EMERY                                                             |  |  |
|                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                     | STATE:<br>UTAH                                                               |  |  |
| 11. CHECI                                                                                                                                                                                                                                        | K APPROPRIATE BOXES TO INDICATI                                                                       | E NATURE OF NOTICE, REPOR                                                           | RT, OR OTHER DATA                                                            |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                               |                                                                                                       | TYPE OF ACTION                                                                      |                                                                              |  |  |
| NOTICE OF INTENT Approximate date work will start: 8/28/2015  SUBSEQUENT REPORT Date of Work Completion:                                                                                                                                         | CHANGE TO PREVIOUS PLANS  CHANGE WELL STATUS  DEEPEN                                                  | ALTER CASING  CHANGE TUBING  COMMINGLE PRODUCING FORMATIONS  FRACTURE TREAT         | CASING REPAIR  CHANGE WELL NAME  CONVERT WELL TYPE  NEW CONSTRUCTION         |  |  |
| SPUD REPORT Date of Spud:                                                                                                                                                                                                                        | OPERATOR CHANGE      PRODUCTION START OR RESUME      REPERFORATE CURRENT FORMATION      TUBING REPAIR | PLUG AND ABANDON  RECLAMATION OF WELL SITE  SIDETRACK TO REPAIR WELL  VENT OR FLARE | PLUG BACK  RECOMPLETE DIFFERENT FORMATION  TEMPORARY ABANDON  WATER DISPOSAL |  |  |
| DRILLING REPORT Report Date:                                                                                                                                                                                                                     | WATER SHUTOFF WILDCAT WELL DETERMINATION                                                              | SI TA STATUS EXTENSION  OTHER                                                       | APD EXTENSION  OTHER: Site Security Diagram                                  |  |  |
| Please find the cur                                                                                                                                                                                                                              | completed operations. Clearly show all rant Site Security Diagram for well for your records.          | the above referenced                                                                | <u>.                                    </u>                                 |  |  |
| NAME (PLEASE PRINT)<br>Katherine McClurkan                                                                                                                                                                                                       | <b>PHONE NUMBE</b><br>972 628-1660                                                                    | Regulatory Analyst                                                                  |                                                                              |  |  |
| SIGNATURE<br>N/A                                                                                                                                                                                                                                 |                                                                                                       | <b>DATE</b> 8/28/2015                                                               |                                                                              |  |  |

Sundry Number: 65744 API Well Number: 43015300910000

